

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028416

FILED VS AUG 17 1959 **3**

STATE FILE NUMBER

Registration District No. _____		Primary Registration District No. _____		Registrar's No. 282	
1. PLACE OF DEATH a. COUNTY Cape Girardeau b. CITY (If outside corporate limits, give TOWNSHIP only) Oriole OR TOWN Oriole Length of stay in lb 78 yrs c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oriole Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape Girardeau c. CITY OR TOWN Oriole Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) Oriole Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Joe Middle Connie Last McClard			4. DATE OF DEATH Month August Day 3 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/30/1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Oriole, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Andrew McClard		13b. MOTHER'S MAIDEN NAME Malasia Abernathy		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Oscar McClard-Puxico, Mo. Address _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Arteriosclerosis IMMEDIATE CAUSE (a) _____ DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pericious Anemia					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from August 5, 1959 and last saw him alive on 8/16/58			on the date stated JOHN J. CROWD, M. D. from the causes stated.		
22a. SIGNATURE John Crowd M.D. (Degree or title)		22b. ADDRESS MEDICAL ARTS BLDG. 937 BROADWAY CAPE GIRARDEAU, MO.		22c. DATE SIGNED Aug 6, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/5/1959	23c. NAME OF CEMETERY OR CREMATORY McLains Chapel Cent.		23d. LOCATION (City, town, or county) Oriole, Mo. (State)	
24. FUNERAL DIRECTOR L. L. Haman-Cape Girardeau, Mo. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 8-13-59	26. REGISTRAR'S SIGNATURE Frene Kasten		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard B. Haman

Licensed Embalmer No. 4132

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.