

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6994**

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) J. c. (Last) MC LARD			4. DATE OF DEATH Feb. 8, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 9, 1868		9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer	
11. BIRTHPLACE (City and State or Foreign Country) Appleton, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.		13. KIND OF BUSINESS OR INDUSTRY Crop farming	

13a. FATHER'S NAME James Franklin Mc Lard		13b. MOTHER'S MAIDEN NAME Mary Hill		14. NAME OF HUSBAND OR WIFE Viola Mc Lard	
--	--	--	--	--	--

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. NONE		17. INFORMANT'S SIGNATURE OR NAME Marie Mc Lard ADDRESS Dexter, Missouri	
---	--	-------------------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic pneumonia ANTECEDENT CAUSES Maribid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old myocardial DUE TO (c) Senile II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 48 hrs 10 yrs
---	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
---	--	--	--	--	----------------------------

22. I hereby certify that I attended the deceased from **Jan 1, 1955** to **Feb 8, 1955** that I last saw the deceased alive on **Feb 8, 1955**, and that death occurred at **3:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wesley Stoddard (Degree or title)		23b. ADDRESS Dexter, Mo		23c. DATE SIGNED 2/11/55	
---	--	--------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9-1955		24c. NAME OF CEMETERY OR CREMATORY Walker cemetery	
24d. LOCATION (City, town, or county) Stoddard co. Missouri		24e. (State)			

DATE REC'D BY LOCAL REG. 2-14-55		REGISTRAR'S SIGNATURE Valma D. Janbur		25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO. ADDRESS Bloomfield, Mo.	
---	--	--	--	--	--

(Increased Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Mrs. Lulu
Cooper # 3499 ~~Student XXXXXXXXXX~~

working under my personal supervision.

Student
Student Embalmer

Signed Juan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

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 this body is not embalmed, fact should be so stated above.