

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

C- FILED MAR 28 1955
R-8545

State File No. **7399**
Registrar's No. **275**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY Butler		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) Poplar Bluff		c. LENGTH OF STAY (In this place) 4 days	c. CITY OR TOWN Dexter
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		e. STREET ADDRESS (If rural, give location) Star Route	

3. NAME OF DECEASED (Type or Print)	a. (First) Franklin	b. (Middle) E.	c. (Last) McLard	4. DATE OF DEATH (Month) (Day) (Year) March 16, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1909	9. AGE (In years last birthday) 45 years	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker	10b. KIND OF BUSINESS OR INDUSTRY Metal Worker	11. BIRTHPLACE (City and State or Foreign Country) Bloomfield, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert J. McLard	13b. MOTHER'S MAIDEN NAME Viola James	14. NAME OF HUSBAND OR WIFE Rubie McLard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes WW II	16. SOCIAL SECURITY NO. 430050574	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **March 11, 1955**, to **March 16, 1955**, and that death occurred at **8:35 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. BASKETT, M.D.	(Degree or Title)	23b. ADDRESS Chief, Medical Service, VA Hospital, Poplar Bluff, Mo.	23c. DATE SIGNED 3-16-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 17-55	24c. NAME OF CEMETERY OR CREMATORY Walker cemetery	24d. LOCATION (City, town, or county) (State) Stoddard co. Missouri
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DATE REC'D BY LOCAL REG. 3/22/55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS CHILES UND. CO. Bloomfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 25 1958
BUTLER CO. HEALTH CENTER
FILE No. _____

JAN 25 1961

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 Lulu Cooper # 3499 Student Embalmer No. XXXXXXXXXXXXXXXXXX

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ivan C. Cooper
Ivan C. Cooper
Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.