

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17972

State File No. 123

FILED JUN 20 1955

BIRTH NO. _____		REG. DIST. NO. <u>52</u>		PRIMARY REG. DIST. NO. <u>3009</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fruitland Shawnee</u>		c. LENGTH OF STAY (In this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fruitland</u>		d. STREET ADDRESS (If rural, give location) <u>0160</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oscar</u> b. (Middle) <u>D.</u> c. (Last) <u>McClard</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 14, 1882</u>	
9. AGE (In years less birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Cape County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>A.</u>		13a. FATHER'S NAME <u>James F. McClard</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hill</u>		14. NAME OF HUSBAND OR WIFE <u>Willie McClard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Willie McClard Fruitland Mo</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs.</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., street, home, farm, factory, street, office, 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 <u>Jan 6, 1954</u> , to <u>June 4, 1955</u> , that I last saw the deceased alive on <u>June 4, 1955</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. N. Jarger, M.D.</u>				23b. ADDRESS <u>Jackson, Mo</u>		23c. DATE SIGNED <u>6-6-55</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Burial</u>		24b. DATE <u>June 6, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-20-55</u>		REGISTRAR'S SIGNATURE <u>Chas. A. Bridger</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>L. C. Cravett Jackson, Mo.</u> ABOVE 25			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-48

0160

STATEMENT BY LICENSED EMBALMER

RECEIVED

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

Student Embalmer No. _____

working under my personal supervision

Student _____
Student Embalmer

Signed *Lynman Steele*

Licensed Embalmer No. *2476*

P. O. Address *Jackson M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in KNOWN 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.