

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 512

Primary Registration District No. 5682

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Altice
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether

In this community 34 years (years, months or days)

3. (a) PRINT FULL NAME TROY MITCHEL McCAIN

3. (b) If veteran, name war ✓ 3. (c) Social Security No. —

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Jenny McCain 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug. 9, 1884 (Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

MOTHER FATHER { 12. Name George McCain

13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Anna Mitchell

15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jenny Marie McCain

(b) Address Altice, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Altice

18. (a) Signature of funeral director James D. Jordan

(b) Address Chillicothe, Missouri

19. (a) Jan 20, 1941 (Date received local registrar) (b) Hazel Stample (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Altice (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. — years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 17 1941 to Jan 27 1941

that I last saw him alive on Jan 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 10 days

Due to _____

Due to MI

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

28. Signature H. W. Carpenter (M. D. or other) _____

Address Chillicothe, Mo. Date signed 1/29/41

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

NOV 17 1941

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James D Gordon

Licensed Embalmer No. *1870*

P. O. Address. *Lehillicothe, 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, above space should be left blank.