

FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48
16
4

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

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>165</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>17</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		d. STREET ADDRESS (If rural, give location) <u>1500 N. Rand</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>								
3. NAME OF DECEASED a. (First) <u>Bertha</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>McCain</u>		4. DATE OF DEATH (Month) <u>5</u> (Day) <u>22</u> (Year) <u>1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-25-1884</u>	9. AGE (In years less birthday) <u>64</u>	# UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	# UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Neelys Landing, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Ben Hargraves</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Jane McCain</u>		14. NAME OF HUSBAND OR WIFE <u>Robert McCain</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Andrew M McCain, Cape Girardeau</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>Internal Infection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tornado</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>20</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SURVIVE SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Antennas</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cape Girardeau Cape MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 21 49 7P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Tornado</u>		<u>115</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. P. Drickney 3 Coronar</u>				23b. ADDRESS <u>48 Pacific St</u>		23c. DATE SIGNED <u>May 21</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hobbs Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-26-1949</u>		REGISTRAR'S SIGNATURE <u>W. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. L. Leman</u>		ADDRESS <u>Cape Girardeau</u>		

RECEIVED

Health Officer No. 4

File Number 549-21

Date Filed 5-31-49

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 L. R. Hanson

Licensed Embalmer No. 2863

P. O. Address Ap. Grand

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.