S. No. 300
v. 10.48

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

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20680

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 233

94 2 1

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre
c. LENGTH OF STAY (in this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois 94
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leadwood 1 0 0
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) Henry b. (Middle) Edward c. (Last) McClain

4. DATE OF DEATH (Month) July (Day) 4 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/15/1892
9. AGE (In years last birthday): 57 IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Lead Mining
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Madison McClain
13b. MOTHER'S MAIDEN NAME: Melvina Wright
14. NAME OF HUSBAND OR WIFE: Pearl McClain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO. 493-03-8918
17. INFORMANT'S SIGNATURE OR NAME: Pearl McClain ADDRESS: Leadwood, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

4 3 0 1

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 4, 1949, *to* July 4, 1949, *that I last saw the deceased alive on* July 4, 1949, *and that death occurred at* 1:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Van W. Taylor (Degree or title) MD
23b. ADDRESS: 5 E Main St. Bonne Terre, Mo
23c. DATE SIGNED: 7-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/7/49
24c. NAME OF CEMETERY OR CREMATORY: Mitchell Cemetery
24d. LOCATION (City, town, or county) (State): St. Francois County, Mo.

DATE REC'D BY LOCAL REG.: July 7, 1949
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE: Bert L. Boyer ADDRESS: Leadwood Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-11-49

District Health Officer No. 4

District File Number 749-925

Date Filed

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 William E. Boyer, Student Embalmer No. 229, working under my personal supervision.

Student William E. Boyer
Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 3245

P. O. Address Fredericktown 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.