

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4022

State File No.

BIRTH NO. 74135-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Portageville</u> <u>6720</u>	
c. LENGTH OF STAY (in this place) <u>9 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARKEL</u>	b. (Middle)	c. (Last) <u>McCLAIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-15-50</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>11-8-49</u>	9. AGE (in years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>7</u> Days	IF UNDER 11 HRS. Hours <u>7</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Portageville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Martin McClain</u>	13b. MOTHER'S MAIDEN NAME <u>Jeffella McElreth</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Martin McClain, Portageville, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia + gastro enteritis, acute</u>		
	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.		<u>490X</u>	

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) <u>No</u>	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) (Min.)	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 2-14, 1950, to 2-15, 1950, that I last saw the deceased alive on 2-15, 1950, and that death occurred at 4:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank E. Daniels</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Poplar Bluff, Missouri</u>	23c. DATE SIGNED <u>2-15-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal Feb 15-1950</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Feb 15-1950</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	428	25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin McClain</u>	ADDRESS <u>Portageville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2123
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FEB 20 RECD

250-96.

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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 Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.