

FILED JUL 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20923**

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 214

0644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> <u>0644</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>3000 Marion</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST Elizabeth Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Cleve</u> b. (Middle) <u>F</u> c. (Last) <u>McClain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1950</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>June 4, 1884</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR: Days <u>9</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trucker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George McClain</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Fry</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel</u>	
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>Robert McClain</u> ADDRESS <u>3000 Marion Hannibal Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		DUPLICATE			?
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			?
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			?
		DUE TO (b) <u>Arteriosclerosis, generalized</u>			?
		DUE TO (c) _____			?
		II. OTHER SIGNIFICANT CONDITIONS			?
		Conditions contributing to the death but not related to the disease or condition causing death.			?
		<u>Essential Hypertension</u>			?
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		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 2-13-50, 19—, to 6-13-50, 19—, that I last saw the deceased alive on 6-13-50, 19—, and that death occurred at 6:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>		23c. DATE SIGNED <u>6-17-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion MO</u>	
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DATE REC'D BY LOCAL REG. <u>6-29-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Hannibal MO</u>	
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RECEIVED JUL 12 1950
MARION CO. HEALTH DEPT.
DATE FILED JUL 13 1950

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 *Michael J. Offord*

Licensed Embalmer No. *3246*

P. O. Address *Hannibal 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.