

No. 300  
10-48

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34167

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Near Charleston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b> 0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Near Charleston</b>		d. STREET ADDRESS (If rural, give location) <b>South Fountain Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>C.</b> c. (Last) <b>McClain</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>October 25, 1895</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Logger</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Near Adbance, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Allen McClain</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Gertie Morris McClain</b>
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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) <b>Yes W. W. # 1</b>	16. SOCIAL SECURITY NO. <b>497-18-2403</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Milburn M. Clem - Kels</b>	ADDRESS <b>Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>29103</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Unavoidable Accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Crushed Skull</b> DUE TO (c) <b>Falling tree</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FARM - WOODS</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>CHARLESTON, 6 mi. No. E. (Miss) (Mo)</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-19-50 10A</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>ACCIDENT</b>
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22. I hereby certify that I attended the deceased from **AS CORNER**, 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 (Death or title) <b>Shirley Ann... Coroner</b>	23b. ADDRESS <b>Charleston, Mo.</b>	23c. DATE SIGNED <b>10-19-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 22, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lorimer Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct 28 1950</b>	REGISTRAR'S SIGNATURE <b>Mrs. L. Hilgare</b> 439	25. FUNERAL DIRECTOR'S SIGNATURE <b>Howard E. Roman</b>	ADDRESS <b>Cape Girardeau</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 2 R

RECEIVED

Miss. Co. Health

County File No. \_\_\_\_\_

Date Filed NOV 3

NOV 22 1950

NOV 8 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 Howard B. Haman

Licensed Embalmer No. 4123

P. O. Address Cape Girardeau, 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.