

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36380**

BIRTH NO. _____		REG. DIST. NO. <u>0-2</u>		PRIMARY REG. DIST. NO. <u>0-82</u>		Registrar's No. <u>88</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</u>			
b. CITY OR TOWN <u>Neelys Landing</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neelys Landing</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neelys Landing</u>				d. STREET ADDRESS (If rural, give location) <u>Neelys Landing</u>			
3. NAME OF DECEASED (Type or Print) <u>Nora</u>		a. (First)		b. (Middle) <u>Lee</u>		c. (Last) <u>McLain</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Feb. 23, 1880</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Near Cape Girardeau, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel L. Dewrock</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>David McLain</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David McLain - Neelys Landing, Mo.</u>			
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>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>several years</u> <u>11/20/50</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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 <u>Oct 14, 1950</u> to <u>Nov 19, 1950</u> , that I last saw the deceased alive on <u>Nov. 17, 1950</u> , and that death occurred at <u>9:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. F. McDonald, M.D.</u> (Degree or title)				23b. ADDRESS <u>Jackson, Mo</u>		23c. DATE SIGNED <u>11-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>		24b. DATE <u>Nov. 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McLains Chapel Cent.</u>		24d. LOCATION (City, town, or county) (State) <u>Orbelle, Missouri, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 21-50</u>		REGISTRAR'S SIGNATURE <u>A. G. Schubert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard B. Herman - Cape Girardeau</u> ADDRESS _____			

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

RECEIVED

NOV 27 1950

DISTRICT HEALTH OFFICE No. 6

File No.

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Howard B. Verman*

Licensed Embalmer No. *4182*

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.