

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43401

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <i>Verona</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Cleone</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Normal Park Wp</i>	c. LENGTH OF STAY (In this place) <i>5-8-15</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Springfield</i>	<i>0396</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp #3</i>		d. STREET ADDRESS (If rural, give location) <i>920 Broadway</i>	
3. NAME OF DECEASED a. (First) <i>EDNA</i> (Type or Print)		b. (Middle) <i>MCCAIN</i>	c. (Last)
4. DATE OF DEATH <i>12-18-50</i>		5. SEX <i>Female</i>	
6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7-23-93</i>	9. AGE (In years last birthday) <i>57</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Wife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Bolivar Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Chas. Andersen</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Jean</i>	14. NAME OF HUSBAND OR WIFE <i>Fred W. McCain</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Hospital Record, Nevada</i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Coronary atherosclerotic heart disease</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>11:20</i>	
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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	
22. I hereby certify that I attended the deceased from <i>4-3-1945</i> to <i>12-18, 1950</i> that I last saw the deceased alive on <i>12-18, 1950</i> and that death occurred at <i>9-45 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>R. G. Vail M.D.</i>		23b. ADDRESS <i>Nevada Mo.</i>	23c. DATE SIGNED <i>12-18-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 20, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Bolivar, Missouri</i>
DATE REC'D BY LOCAL REG. <i>Dec. 18-1950</i>	REGISTRAR'S SIGNATURE <i>Nathaniel H. Hauser</i>	331	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alma Schmegele</i>
		ADDRESS <i>Springfield Mo</i>	

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 157-23

Date Filed 1-4-51

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 Bernard F. Wright

Licensed Embalmer No. 42903

P. O. Address Springfield,

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.