

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11720

174

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 1421

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau 0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS (If rural, give location) 124 Main Street 1	
3. NAME OF DECEASED (Type or Print) a. (First) Felton b. (Middle) L. c. (Last) McClain			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1951
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 11/1/19
9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Hours 7 Min. 14 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Agent		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Luther McClain		13b. MOTHER'S MAIDEN NAME Ivah Lee Carter	14. NAME OF HUSBAND OR WIFE Divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes 5/27/42 6/12/45		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records ADDRESS
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* (a) Massive Gastrointestinal Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatic Cirrhosis (Laenec's) DUE TO (c) 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 5811	
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 4/6/51 , 19___, to 4/8/51 , 19___, and that death occurred at 2:25P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph V. Ellis		23b. ADDRESS VAH, Poplar Bluff, Missouri	23c. DATE SIGNED 4/9/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4	24b. DATE 4/8/51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
DATE REC'D BY LOCAL REG. April 10 1951	REGISTRAR'S SIGNATURE Wm. H. Johnson 428	25. FUNERAL DIRECTOR'S SIGNATURE Frank Cotell Funeral Home Walter King ADDRESS	

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

RECEIVED

APR 18 1951

BUTLER CO. HEALTH CENTER

FILE No. 451-167

APR 20 1951

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 Wallace R. Knight

Signed
Student Embalmer

Licensed Embalmer No. 4514

P. O. Address Pepler Bluff - 772

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.