

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17167

State File No.

FILED MAY 28 1951

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 44

551

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>204 McNatt Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>204 McNatt Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>ERNEST</u>	c. (Last) <u>MCCAIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 12, 1951</u>
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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>April 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DREY MAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HAULING</u>	11. BIRTHPLACE (State or foreign country) <u>STONE COUNTY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willard E. McCain</u>	13b. MOTHER'S MAIDEN NAME <u>Mahinda</u>	14. NAME OF HUSBAND OR WIFE <u>FEASTY GOTTIE MCCAIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give year or date of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GOTTIE MCCAIN</u>	ADDRESS <u>AURORA, MO.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 da.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Primary Hypertension</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>unknown</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1951, to May 12 1951, that I last saw the deceased alive on May 12, 1951, and that death occurred at 8:45 am., from the causes and on the date stated above.

23a. SIGNATURE <u>F. Avery Watson D.O.</u>	(Degree or title)	23b. ADDRESS <u>Devonia, Mo.</u>	23c. DATE SIGNED <u>5-16-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>	24d. LOCATION (City, town, or county) (State) <u>AURORA, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 16-51</u>	REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	157	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles S. Marsh</u>	ADDRESS <u>Aurora</u>
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 24 1951

Dist. File 5-21-9182

Date Filed 5-24-51

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Paul H. Parrent

Licensed Embalmer No. 4809

P. O. Address Aurora, Ill.

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.