

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24146

State File No.

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u> 1923	
c. LENGTH OF STAY (in this place) <u>3 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>616 S main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>616 S main</u>			

3. NAME OF DECEASED (Type or Print) <u>CHARLES WARREN Mc BAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1951</u>	
a. (First)	b. (Middle)	c. (Last)	

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 3 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Month <u>4</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u>22</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>S.A. McBain</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Linn</u>	14. NAME OF HUSBAND OR WIFE <u>Bernice Mc Bain</u>	
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bernice Mc Bain 616 S main St Charles 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</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) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>

22. I hereby certify that I attended the deceased from January 1950, to July 25, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Don. J. Randall, M.D.</u>	(Degree or title)	23b. ADDRESS <u>207 W. 5th St. Charles, Missouri</u>	23c. DATE SIGNED <u>August 2 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 27 51</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>Tray Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tray Missouri</u>
DATE REC'D BY LOCAL REG. <u>8/31/51</u>	REGISTRAR'S SIGNATURE <u>Hamie Hammett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy</u>	ADDRESS <u>Tray Mo</u>

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 6 1951

RECEIVED

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 Wayne McBay

Licensed Embalmer No. 3586

P. O. Address Troy 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.