

27386

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 30 1951

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Joplin</u> c. LENGTH OF STAY (In this place) <u>1 Week</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> d. STREET ADDRESS (If rural, give location) <u>Rt. 3 Box 58 Joplin</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Luther Dee</u> c. (Last) <u>McLain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 15 1951</u>		
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>March 29, 1878</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Trainman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>George McLain</u>		13b. MOTHER'S MAIDEN NAME <u>Susanna Lee</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle McLain</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle McLain</u> ADDRESS <u>Rt. 3 Box 58 Joplin, 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		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumoniae</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right hemiparesis - aphasia</u> <u>8 days</u> DUE TO (c) <u>Cerebral Hemorrhage</u> <u>8 days</u>		
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 <u>331x</u>	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) (Minute)	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 Aug. 11, 1951, to Aug 15, 1951, that I last saw the deceased alive on Aug. 14, 1951, and that death occurred at 5:30am., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Korbeles, MD</u> (Degree or title)		23b. ADDRESS <u>125 Frisco Bldg. Joplin, Mo</u>		23c. DATE SIGNED <u>8/16/51</u>
24a. FUNERAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eldorado Springs Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-18-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>David Dillon</u> ADDRESS <u>Funeral Home Joplin, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED *P-27-51*
Jasper County Health Office

County File Number *51/8/668*

Date Filed *P-29-51*

OCT 24 1952

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 *David Hilton*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, 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.