

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31201

State File No.

FILED SEP 26 1951

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 186

923

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles	
c. LENGTH OF STAY (in this place) 20 yrs		0923	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital		d. STREET ADDRESS (If rural, give location) 501 South Main St	

3. NAME OF DECEASED (Type or Print) a. (First) Elmer	b. (Middle)	c. (Last) McLain	4. DATE OF DEATH (Month) (Day) (Year) Sept. 5 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25 1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 7 Days 11	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY Tin Shop	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ivy McLain	13b. MOTHER'S MAIDEN NAME Iilly Statler	14. NAME OF HUSBAND OR WIFE Laura Engel McLain
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If in U.S. Armed Forces of Service) World War #1	16. SOCIAL SECURITY NO. 498-03-3115	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura McLain 501 So 2nd St St Charles Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen Arteriosclerosis DUE TO (c) 		5 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt. Hemiplegia		2 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 8/12/1948 to 9/5/1951, that I last saw the deceased alive on 9/5/1951, and that death occurred at 6:50 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. R. Rudice M.D.	23b. ADDRESS 126 So. Main St. St. Charles Mo	23c. DATE SIGNED 9/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 8 1951	24c. NAME OF CEMETERY OR CREMATORY St John's Cemetery	24d. LOCATION (City, town, or county) (State) St Charles Mo
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DATE REC'D BY LOCAL REG. 9-17-51	REGISTRAR'S SIGNATURE Francie Handletter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St Charles (Handletter, Mort)
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____

DISTRICT HEALTH OFFICE No. 4

SEP 24 1951

RECEIVED

JAN 3 0 1952

SEP 26 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur C. Bone

Licensed Embalmer No. 3151

P. O. Address St Charles 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.