

FILED NOV 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 38295

BIRTH NO. 70594-57 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAYTI</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - LITTLE PRAIRIE</u>	
c. LENGTH OF STAY (If this place) <u>3 Days</u>		d. STREET ADDRESS (If rural, give location) <u>CAROTHERSVILLE, ROUTE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBBIE</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>McCLAIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-8-51</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>A</u>	8. DATE OF BIRTH <u>Sept 20 - 51</u>	9. AGE (In years last birthday) <u>1-78</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>CHILD</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>ADIS McCLAIN</u>	13b. MOTHER'S MAIDEN NAME <u>WILMA BREWER</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Adis McClain</u>	ADDRESS <u>Camden Blg Route</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dehydration</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>4 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause* (a) stating the underlying cause last. DUE TO (b) <u>Diarrhea &amp; vomiting</u>		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	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) <u>W</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5710</u>
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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?
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22. I hereby certify that I attended the deceased from Oct 15, 1951, to Nov 8, 1951, that I last saw the deceased alive on Nov 8, 1951, and that death occurred at 10:22 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Carotherville Mo</u>	23c. DATE SIGNED <u>11/8/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/9/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE PRAIRIE</u>	24d. LOCATION (City, town, or county) (State) <u>CAROTHERSVILLE, MO</u>
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DATE REC'D BY LOCAL REG. <u>11-23-51</u>	REGISTRAR'S SIGNATURE <u>John W. Gorman</u>	406	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ra. Ferguson</u>	ADDRESS <u>Carotherville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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11-51-289

Rec. NOV 24 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

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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 \_\_\_\_\_

CHARLES E. MUNGLE

Student Embalmer No. 423

working under my personal supervision.

Student Charles E. Mungle  
Student Embalmer

Signed Noel C. Dray

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.