

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37393**

FILED OCT 23 1953

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **9879**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital				e. STREET ADDRESS (If rural, give location) 4429a Easton			
3. NAME OF DECEASED (Type or Print) a. (First) Joella b. (Middle) Ells c. (Last) McClain			4. DATE OF DEATH (Month) (Day) (Year) 10-13-53				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 30, 1922	
9. AGE (In years last birthday) 30		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Silk Finisher		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) / Okolona, Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Will Stevenson		13b. MOTHER'S MAIDEN NAME Willie Wilson	
14. NAME OF HUSBAND OR WIFE Leaversie Payne				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 432-440-226	
17. INFORMANT'S SIGNATURE OR NAME Leaversie Payne				18. ADDRESS 4429a Easton			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis, Suppurative, Acute						INTERVAL BETWEEN ONSET AND DEATH Undt.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Preg. Uterine Delivery							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 640X			
22. I hereby certify that I attended the deceased from 9-30 , 19 53 , to 10-13 , 19 53 , that I last saw the deceased alive on 10-13 , 19 53 , and that death occurred at 11:40P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William Jimms, M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 10-14-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/16/53		24c. NAME OF CEMETERY OR CREMATORY Arkadelphia, Ark.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. OCT 16 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wade Granberry 4202 Finney			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Melvin E. Green

Licensed Embalmer No. *442*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.