

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 18 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital		d. STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED (Type or Print) Mimmie		a. (First)		b. (Middle)	
		c. (Last) McLain		4. DATE OF DEATH (Month) (Day) (Year) 7 28 54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3-7-1864	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George M. Shaner		13b. MOTHER'S MAIDEN NAME McCombs		14. NAME OF HUSBAND OR WIFE J. D. McLain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lawrence McLain	
				ADDRESS Sikeston, Mo	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Courtesy Phosphores</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tracheal Hep</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
19a. DATE OF OPERATION <u>1-13-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tracheal Hep</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201 F</u>	
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?	
22. I hereby certify that I attended the deceased from <u>Jan 9, 1954</u> , to <u>Jan 28, 1954</u> , that I last saw the deceased alive on <u>Jan 28, 1954</u> , and that death occurred at <u>4:40 a.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>H. L. Deaton, Jr. M.D.</u>		(Degree or title)		23b. ADDRESS <u>Jackson Mo</u>	23c. DATE SIGNED <u>1-29-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE <u>1-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McLain</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-1-54</u>		REGISTRAR'S SIGNATURE <u>T. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McCombs Funeral Home Jackson</u>	
		ADDRESS <u>44-0</u>			

(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
Student Embalmer

Signed

Thomas K. Allen

Licensed Embalmer No. *5049*

P. O. Address *Jackson*

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.