

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3033**
Registrar's No. **0974**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) 28 yrs.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillios Hospital		e. STREET ADDRESS (If rural, give location) 4133 Evans			
3. NAME OF DECEASED (Type or Print)		a. (First) Clarence		b. (Middle) McCain	
		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan. 26 1954	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Feb. 26, 1905		9. AGE (In years last birthday) 48		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 11 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and State or Foreign Country) Greenwood, Mississippi	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Hanibal McCain		13b. MOTHER'S MAIDEN NAME Bell Watt	
14. NAME OF HUSBAND OR WIFE none		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.	
17. INFORMANT'S SIGNATURE OR NAME Henry McCain,		ADDRESS 4133 Evans Avenue			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urethral Stone			
		INTERVAL BETWEEN ONSET AND DEATH			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of the Lungs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 604XH	
22. I hereby certify that I attended the deceased from <u>11-9, 1953</u> , to <u>1-26, 1954</u> , that I last saw the deceased alive on <u>1-26, 1954</u> , and that death occurred at <u>10:30a m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Carl Collins</i>		(Degree or title) M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 1-27-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/1/54	
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. FEB 1 1954		REGISTRAR'S SIGNATURE <i>Charles J. Gates</i>		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates,	
		ADDRESS 4107 Finney Ave			

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

