

STANDARD CERTIFICATE OF DEATH

State File No. 18895BIRTH FILED MAR 26 1954 REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>RED #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u>		b. (Middle) <u>McCLAIN</u>	
c. (Last) <u>McCLAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 10 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>2-7-1879</u>
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>1</u>	11. DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>RED BUD ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> U.S.	
13a. FATHER'S NAME <u>ANDREW J. SMITH</u>		13b. MOTHER'S MAIDEN NAME <u>AMAND BUTTS ALLAN</u>	
14. NAME OF HUSBAND OR WIFE <u>McCLAIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>7147</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr O M Smith</u>		ADDRESS <u>7147 Ingomar Circle, Red Bud, Mo</u>	
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) <u>myocardiosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u>		<u>3 wks.</u>	
DUE TO (c) <u>arteriosclerosis</u>		<u>10 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>malnutrition</u>		<u>1 mo.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chaffee Scott Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>2-11, 1954</u> , to <u>3-10, 1954</u> , that I last saw the deceased alive on <u>3-10, 1954</u> , and that death occurred at <u>1:00 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. H. Schmeyer, D.O.</u>		23b. ADDRESS <u>Chaffee, Missouri</u>	
23c. DATE SIGNED <u>3/11/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>3-12-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ARBOR MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-54</u>		REGISTRAR'S SIGNATURE <u>Miss. Pringle</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Stubbs</u>		ADDRESS <u>Chaffee Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1000

DATE RECEIVED MAR 22 1954
SCOTT CO, HEALTH DEPT.
CO. FILE NO. 354-20

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 J. Lovberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.