

STANDARD CERTIFICATE OF DEATH

State File No. **19833**
Registrar's No. **328**

BIRTH NO. **29464-56** REG. DIST. NO. **33** PRIMARY REG. DIST. NO. **3010**

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

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 Gir	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 30 days	c. CITY OR TOWN Cape Girardeau
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital		e. STREET ADDRESS (If rural, give location) Southeast Hospital	
3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Nelson c. (Last) McLain			4. DATE OF DEATH (Month) (Day) (Year) June 21 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH May 24 1956
9. AGE (In years last birthday)	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hour	IF UNDER 15 MIN. Min. 30 days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Fred McLain	
13b. MOTHER'S MAIDEN NAME Dolly McGary		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mr Fred McLain	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILIARY ATRESIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) MICROCEPHALY DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Facial assymetry & paralysis	
INTERVAL BETWEEN ONSET AND DEATH 30 days 30 days 30 days		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) 7562	
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?	
22. I hereby certify that I attended the deceased from 28 May, 1956 , to 21 June, 1956 , that I last saw the deceased alive on 21 June, 1956 , and that death occurred at 5 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE James A. Kinder		23b. ADDRESS Cape Girardeau Mo.	23c. DATE SIGNED 25 June 56
24a. BURNAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 21 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
DATE REC'D BY LOCAL REG. 6-29-56	REGISTRAR'S SIGNATURE Elizabeth Summers Dep	25. FUNERAL DIRECTOR'S SIGNATURE Brinkopf Howell & Co, Cape Gir. Mo.	

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 Not Embalmed....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Estep.....

Licensed Embalmer No. 3576

P. O. Address Cape Girardeau.....

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.