

No. 300
10-48

FILED AUG 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23224
Registrar's No. 50

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5300

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Urbana		c. CITY OR TOWN Urbana	
c. LENGTH OF STAY (in this place) 5 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 2300	

3. NAME OF DECEASED (Type or Print)	a. (First) Jessie	b. (Middle) Mae	c. (Last) McCain	4. DATE OF DEATH (Month) (Day) (Year) July 30-1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Aug-15-1883	9. AGE (In years last birthday) 72	if UNDER 1 YEAR Months 11	if UNDER 24 HRS. Days 15
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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) Moets Creek, Mo	12. CITIZEN OF WHAT COUNTRY? U.S
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13a. FATHER'S NAME Enoch Creech	13b. MOTHER'S MAIDEN NAME Mary J. Hart	14. NAME OF HUSBAND OR WIFE W. O. McCain
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME EARL McCain	ADDRESS Urbana, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma		about 4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic carcinoma involving mandible, thyroid and adjacent parts, two radical resections DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1/20/1956, to 7/29, 1956, that I last saw the deceased alive on 7/29, 1956, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE M. H. Hoover (Degree or title) M.D.	23b. ADDRESS Urbana	23c. DATE SIGNED 8/1/1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug-2-1956	24c. NAME OF CEMETERY OR CREMATORY Little Niagara Cem.	24d. LOCATION (City, town, or county) (State) Hickory, Co Mo
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DATE REC'D BY LOCAL REG. 8/3/56	REGISTRAR'S SIGNATURE Ernie Petree	25. FUNERAL DIRECTOR'S SIGNATURE ALLEN W. Coughlan	ADDRESS Urbana, Mo
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(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 *Allen W. Vaughan*

Licensed Embalmer No. *4156*

P. O. Address *Urbana*

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.