

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5250

State File No.

FILED MAR 13 1957

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Lasher</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lasher</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Carthage</u>		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 <u>McCune Brooks Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>627 W. Centennial, Carthage, Mo.</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Allan</u>	b. (Middle) <u>Lawson</u>	c. (Last) <u>McBain</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 4, 1873</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Cutter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ret'd</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fergus, Ontario, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>Canada</u>	
13a. FATHER'S NAME <u>James McBain</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Noble</u>		14. NAME OF HUSBAND OR WIFE <u>Gertaude Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry McBain, 1531 Grand, Carthage, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Lymphatic Leukemia</u>				<u>Unknown (at least 1 yr)</u>
	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) _____				
	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 <u>2040</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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) m.	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>3-3</u> , 19 <u>56</u> to <u>2-28</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-28</u> , 19 <u>57</u> , and that death occurred at <u>6:40</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. Foster Whitten M.D.</u>		23b. ADDRESS <u>Carthage, Mo.</u>		23c. DATE SIGNED <u>3-1-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 2, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-1-57</u>	REGISTRAR'S SIGNATURE <u>M. Foster Whitten</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home, Carthage, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Jasper County Health Office

County File Number 57-3-211

Date Filed MAR 12 1957

MAR 13 1957

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.....

Licensed Embalmer No.....

P. O. Address.....

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.