

STANDARD CERTIFICATE OF DEATH

13779

STATE FILE NUMBER

**FILED APR 30 1957**

Registration District No. 171 Primary Registration District No. 5639 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Higginsville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Grandview Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died on no 40 Hwy. E. of M. East 30 miles</u>		d. STREET ADDRESS (If outside, give location) <u>1250 E. Raytown Rd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Robert Dean McClain</u>		4. DATE OF DEATH <u>4-8-57</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-30-37</u>		
10a. USUAL OCCUPATION (Give kind of work done during major working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>19-</u>		
13. FATHER'S NAME <u>Ralph N. McClain</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>			
14. MOTHER'S MAIDEN NAME <u>Delores Meek</u>		12. CITIZEN OF WHAT COUNTRY?			
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. <u>493-32-1092</u>			
17. INFORMANT <u>Mrs Delores Meek</u> Address <u>Grandview Mo</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lemonhage due to left pleural cavity &amp; abdominal cavity due to crushing injury &amp; multiple fracture of the lower 5-6 ribs of the left chest sustained in a motor car collision on no 40 highway just E. of A. 4-8-57.</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>less than 5 minutes</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Motor car collision</u>			
20c. TIME OF INJURY Hour <u>7:15</u> a. m. Month, Day, Year <u>8-57</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>on no 40 highway</u>		20f. CITY, TOWN, OR LOCATION <u>Higginsville Lafayette Mo</u> COUNTY STATE			
21. I attended the deceased from <u>after death</u> on <u>April 8-57</u> and last saw <u>her</u> alive on <u>April 8-57</u> . Death occurred at <u>about 7:15</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>M. Martin MD Coroner 3</u>		22b. ADDRESS <u>Delora Mo.</u>			
22c. DATE SIGNED <u>4/10/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>4/11/57</u>			
23b. DATE <u>4/11/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shilo Cemetery</u>			
23d. LOCATION (City, town, or county) <u>Near Everton, Mo.</u>		23e. (State)			
24. FUNERAL DIRECTOR <u>Clark Heger</u> ADDRESS <u>Raytown Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/11/57</u>			
26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>					

Health & Welfare Public Service

S. 300 1-56 3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

453/0

MAY 3 1957  
FEB 19 1958

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 *Forest P. Phelps* .....

Licensed Embalmer No. *1420*

P. O. Address *Highway 100*

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.