. Health,
& Welfare
. Public
h Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35983
STATE FILE NUMBER

FILED OCT 24 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4607

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Krestwood Med.Hosp. — Length of stay in 1b: 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Sugar Creek — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 11404 Felton — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CLAUDE Middle WILLIS Last MC CLAIN, SR.

4. DATE OF DEATH Month Oct. Day 2 Year 1957

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒

8. DATE OF BIRTH Jan. 1,1914 **9. AGE** (In years last birthday) 43 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transportation Dept.
10b. KIND OF BUSINESS OR INDUSTRY Standard Oil
11. BIRTHPLACE (City and state or country) Oak Grove, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W. McClain
13b. MOTHER'S MAIDEN NAME Eliza Taylor
14. NAME OF HUSBAND OR WIFE ----------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 490-09-2292
17. INFORMANT Claude W.McClain,Jr.,1818 Hawthorne,Indep. Mo.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hepatic decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic hepatitis — 6 mo.
DUE TO (c) Cirrhosis of the liver 5810 — over 6 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 30, 1957, to Oct. 2, 1957 and last saw him alive on Oct. 2, 1957
Death occurred at 8:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Norman Makous (Degree or title) M.D.
22b. ADDRESS 4526 Paseo, K.C. 10, Mo.
22c. DATE SIGNED 10/4/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct.5,1957
23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State) Independence, Missouri

24. FUNERAL DIRECTOR George C. Carson, Independence, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 10-4-57
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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.

Norman Makous

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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 J. H. Gibson

Licensed Embalmer No. 4871

P. O. Address Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.