

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

492

STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 172

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, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 105 S Blvd			Length of stay in lb 40 yr			d. STREET ADDRESS (If outside, give location) Oriole Mo.	
3. NAME OF DECEASED (Type or print) First Missouri Middle Eathie Last McLain				4. DATE OF DEATH Month Jan Day 31 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 29 1861		9. AGE (In years last birthday) 96 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 3 Days 2 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Oriole Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME George Pierce				14. MOTHER'S MAIDEN NAME Anna Pierce			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Mrs James Allen, Cape Gir Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident						INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis						DUE TO (c) unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 331X						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan. 30, 1958 , to Jan. 31, 1958 and last saw ^{her} alive on Jan. 30, 1958 Death occurred at 5 A on the date stated above; and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) Ronald M. Howarth, M.D.				22b. ADDRESS 34 N. Sprigg Cape Girardeau, Mo.		22c. DATE SIGNED 2/1/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-2 1958	23c. NAME OF CEMETERY OR CREMATORY McLains Chapel		23d. LOCATION (City, town, or county) (State) Oriole Mo.		
24. FUNERAL DIRECTOR ADDRESS Brinkopf Howell, Cape Gir Mo.				25. DATE RECD. BY LOCAL REG. Feb. 6, 1958		26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *W. H. Estes*

Licensed Embalmer No. *35*

P. O. Address *Aspen St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.