

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038589

STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 77

300  
-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Essex
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jibben Clinic		Length of stay in 1b 3 hrs.	1036 STREET ADDRESS Route 1 (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Baby NMI McClain		4. DATE OF DEATH Month Day Year Oct. 20, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19, 1958
9. AGE (In years last birthday)		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) child		10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (City and state or country) Dexter, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Elden McClain	
13b. MOTHER'S MAIDEN NAME Mable Joiner		14. NAME OF HUSBAND OR WIFE child	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Elden McClain		Address Essex, Mo. R. 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Premature Birth DUE TO (c) 776X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Spontaneous
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 <input type="checkbox"/> NO <input 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 Oct. 19, 1958 to Oct. 20, 1958 and last saw her alive on Oct. 20, 1958 Death occurred at 12:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edwin J. O. 1		22b. ADDRESS 19 N. Walnut Dexter, Mo.	22c. DATE SIGNED 10-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-20-58	23c. NAME OF CEMETERY OR CREMATORY Taylor cemetery	23d. LOCATION (City, town, or county) (State) Essex, Mo. Route 1
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 10-28-58	26. REGISTRAR'S SIGNATURE Velma H. Jenkins

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Was not embalmed Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Mark W. Atkinson .....

Licensed Embalmer No. 4717 .....

P. O. Address Deafes, 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.