

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004685

STATE FILE NUMBER

80

FILED FEB 26 1959

Registration District No. 43 Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ash Hill | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Fisk | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 1/2 Mi N, W, of Fisk | Length of stay in 1b 3 Yrs | d. STREET ADDRESS R#1 | (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First James Middle Stewart Last Mc Clain | 4. DATE OF DEATH Month 2 Day 2 Year 1959 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 2-6-1895 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during preceding life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Savana, Tennessee | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Stewart Mc Clain | 13b. MOTHER'S MAIDEN NAME Nora Scott | 14. NAME OF HUSBAND OR WIFE Widower |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give nature and dates of service) No | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT F, M Mc Clain, Fisk, Mo. | Address _____ |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis | INTERVAL BETWEEN ONSET AND DEATH Minutes |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | |

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| 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 checked="" type="checkbox"/> |
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| 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.) 4201 |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. | |

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|--|--|---|--------------------------|
| 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 Butler, Co., Mo. | COUNTY _____ STATE _____ |
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21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____
Death occurred at **12:30 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Edward N. Edine, M.D. | (Physician or other) COUNTY HEALTH OFFICER'S ADDRESS POPLAR BLUFF, MISSOURI Poplar Bluff, Mo | 22c. DATE SIGNED 2/3/59 |
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| 23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial | 23b. DATE 2-4-59 | 23c. NAME OF CEMETERY OR CREMATORY Shain Memorial | 23d. LOCATION (City, town, or county) Butler, Co., Mo. |
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| 24. FUNERAL DIRECTOR J. Crummett | ADDRESS Fisk, Mo. | 25. DATE RECD. BY LOCAL REG. 2/21/59 | 26. REGISTRAR'S SIGNATURE R. M. Newhall |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All entries in Part I must be causally related.

RECEIVED

FEB 25 1959

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Raymond L. Dyfke* _____

Licensed Embalmer No. *4798* _____

P. O. Address *Berme* _____

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.