DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1959

59-029422
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 369

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence
Length of stay in 1b: 37 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rest Haven
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1224 South Main
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALMA Middle: E. Last: MC CLAIN

4. DATE OF DEATH: Month: August Day: 23 Year: 1959

5. SEX: Female

6. COLOR OR RACE: W.

7. Married ☐ **Never Married** ☐ **Widowed** ☒ **Divorced** ☐

8. DATE OF BIRTH: 1-13-1881

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home maker

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Buchannan, Tenn.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Columbus Roberts

13b. MOTHER'S MAIDEN NAME: Melinda Thomas

14. NAME OF HUSBAND OR WIFE: W. L. McClain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. John Grinter Address: 1224 Main

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Generalized atherosclerosis	Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO~~ (b)	Cerebral Atherosclerosis	Years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 February 1958 to 8-23-59 and last saw her alive on 8-19-59
Death occurred at 6:15 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. H. Grabske, M.D. (Degree or title)
Drs. Grabske & Link

22b. ADDRESS: 10901 Winner, Independence, Mo.

22c. DATE SIGNED: 8-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug-26-1959

23c. NAME OF CEMETERY OR CREMATORY: Mound Grove

23d. LOCATION (City, town, or county) (State): Independence Mo.

24. FUNERAL DIRECTOR: Roland R. Meeks ADDRESS

25. DATE RECD. BY LOCAL REG.: 8-25-59

26. REGISTRAR'S SIGNATURE: James L. Cole

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Rollie Kissel

Signature of Student Embalmer

Licensed Embalmer No. 467

P. O. Address Endyp.

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