

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-003063

FILED VS JAN 19 1960

STATE FILE NUMBER

NDED

Registration District No. 316 Primary Registration District No. - Registrar's No. 3

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mitchel,		a. STATE Missouri		b. COUNTY St. Francois	
		Length of stay in 1b 5yrs.		c. CITY OR TOWN Mitchel, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mitchel Rt. # 2,			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 2, Mitchel Mo.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Floyd		Middle Alfred		Last Mc Clain		Month January 2, 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 29 1880	9. AGE (last birthday) 79yrs	IF UNDER 1 YEAR Months 7 Days 3	IF UNDER 24 HR Hours 5 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mining		10b. KIND OF BUSINESS OR INDUSTRY Retired Miner,		11. BIRTHPLACE (City and state or country) Crawford County, U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Matt Mc Clain			13b. MOTHER'S MAIDEN NAME Bonnie Wright		14. NAME OF HUSBAND OR WIFE Annie Mc Clain,		
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. 363-18-5296		17. INFORMANT Address Mrs. Annie Mc Clain, Mitchel, Mo.			
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) Hypertensive cardiovascular renal disease							Not known
DUE TO (b)							
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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					
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 July 16 1959 to Jan 2 1960 and last saw her on Sept 20 1959. Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John W. Hunt, M.D. (Degree or title)				22b. ADDRESS Leadwood Mo.		22c. DATE SIGNED 1/4/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/5/60	23c. NAME OF CEMETERY OR CREMATORY Mitchel Cemetery,		23d. LOCATION (City, town, or county) Mitchel, St. Francois, Missouri			
24. FUNERAL DIRECTOR Sparks Funeral Home Bonne Terre, Mo.			25. DATE RECD. BY LOCAL REG. Jan 4, 1960		26. REGISTRAR'S SIGNATURE Esther Rudloff		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY 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 by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ernest Sparks

Licensed Embalmer No. 4287  
P. O. Address Bonn Lane N.

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.