

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030250

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 351

FILED AUG 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Township</u>		Length of stay in 1b <u>Few Hrs.</u>	c. CITY OR TOWN <u>Sikeston</u>
c. FULL NAME OF DECEASED (If in institution, give location) <u>Interstate Hwy. 55 N of Gordonville Rd.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>822 Agnes</u>
3. NAME OF DECEASED (Type or print) First <u>SEMON</u> Middle <u>E.</u> Last <u>McCLAIN</u>		4. DATE OF DEATH Month <u>August</u> Day <u>11</u> , Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-19-07</u>
9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>22</u>	IF UNDER 24 HR Hours <u>22</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Operator/Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Cairo, Illinois</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>John Cleveland McClain</u>	
13b. MOTHER'S MAIDEN NAME <u>Louverna Price</u>		14. NAME OF HUSBAND OR WIFE <u>Florace Hunter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>	17. INFORMANT <u>Mrs. Semon McClain Sikeston, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Electrocution</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
DUE TO (b) <u>Lightning struck the man, as he was</u>			
DUE TO (c) <u>on the job at the Gordonville I#55 overpass, just North</u>			
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 checked="" 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.) <u>Above.</u>	
20c. TIME OF INJURY Hour <u>9:30</u> a.m. Month, Day, Year <u>8-11-62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>I 55 Hi Way</u>	20f. CITY, TOWN, OR LOCATION <u>Cape Girardeau, Mo.</u>	COUNTY <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>9:30</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. J. Fowl</u>		22b. ADDRESS <u>Cape Girardeau, Mo.</u>	22c. DATE SIGNED <u>8-11-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-22-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>
23d. LOCATION (City, town, or county) <u>Charleston, Missouri</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Annunzio E. Funerale</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 14-62</u>	26. REGISTRAR'S SIGNATURE <u>James Kartin</u>

FEB 15 1963
AUG 21 1962

AUG 24 1962

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 Edward E. Finckel

Licensed Embalmer No. 4164

P. O. Address Sikeston, 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.