

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033696

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3004 Registrar's No. 510

FILED SEP 17 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10109

21020

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Boone</u>		e. STATE <u>Missouri</u>		b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>10 days</u>		c. CITY OR TOWN <u>Hunnewell</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University of Missouri Medical Center</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Hunnewell</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		Month Day Year	
First Middle Last <u>Lem William McClain</u>		<u>9 9 1962</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</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>2-22-1902</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rock Quarry Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hannibal, Missouri</u>	
13a. FATHER'S NAME <u>Lem McClain</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Culp</u>		14. NAME OF HUSBAND OR WIFE <u>Mary McClain</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>[Redacted]</u>		17. INFORMANT <u>University of Missouri Medical Records</u>	
18. CAUSE OF DEATH (Enter only one cause per line)		18. CAUSE OF DEATH (Enter only one cause per line)		18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:		PART I. DEATH WAS CAUSED BY:		PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Cerebrovascular Accident</u>		IMMEDIATE CAUSE (a) <u>Cerebrovascular Accident</u>		IMMEDIATE CAUSE (a) <u>Cerebrovascular Accident</u>	
DUE TO (b) <u>Metastatic Cancer of Lung</u>		DUE TO (b) <u>Metastatic Cancer of Lung</u>		DUE TO (b) <u>Metastatic Cancer of Lung</u>	
DUE TO (c) _____		DUE TO (c) _____		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 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 checked="" 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 s.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		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Aug 30 - 62</u> to <u>Sept 7, 1962</u> and last saw her alive on <u>Sept 9, 1962</u>		21. I attended the deceased from <u>Aug 30 - 62</u> to <u>Sept 7, 1962</u> and last saw her alive on <u>Sept 9, 1962</u>		21. I attended the deceased from <u>Aug 30 - 62</u> to <u>Sept 7, 1962</u> and last saw her alive on <u>Sept 9, 1962</u>	
Death occurred at <u>1:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		Death occurred at <u>1:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		Death occurred at <u>1:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Richard D. Jole MD</u>		22b. ADDRESS <u>206 Ruby Lane Columbia Mo</u>		22c. DATE SIGNED <u>9/9/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/12/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Hannibal, Missouri</u>		23d. LOCATION (City, town, or county) <u>Hannibal, Missouri</u>		23d. LOCATION (City, town, or county) <u>Hannibal, Missouri</u>	
24. FUNERAL DIRECTOR <u>Lyman Sprinkle Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 10, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>	

OCT 16 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 Richard A Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, 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.