

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037928

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 53

0000 Registrar's No. 463

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

VS 300  
Rev. 4/59  
1 0160  
2 0160  
3  
4 0  
5 2  
6  
7 0  
8 2  
9 199.2  
10  
11  
12 90-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON  
Dr. Ashley

1. PLACE OF DEATH  
a. COUNTY Cape Girardeau  
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Neelys Landing Length of stay in 1b 88 Years  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Neelys Landing Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Cape Girardeau  
c. CITY OR TOWN Neelys Landing Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Neelys Landing Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
David D. McLain October 18, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 11/7/1873 9. AGE (last birthday) 88 IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY  
Retired driver lamp lighter & gauge reader Indian Creek, Mo. U.S.A.

13a. FATHER'S NAME David McLain 13b. MOTHER'S MAIDEN NAME Elizabeth Hughes 14. NAME OF HUSBAND OR WIFE Nora McLain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Mrs. J.F. Awick-Neelys Landing, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Generalized Cancer metastases 20 months INTERVAL BETWEEN ONSET AND DEATH  
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.  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 2-1-61 to 10-18-62 and last saw him alive on 10-1-62 Death occurred at 6:35 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H.P. Ashley M.D. 22b. ADDRESS 234N Sprigg Cape Girardeau, Mo. 22c. DATE SIGNED 10/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/20/1962 23c. NAME OF CEMETERY OR CREMATORY McLains Cemetery 23d. LOCATION (City, town, or county) Indian Creek, Mo. (State)

24. FUNERAL DIRECTOR L. L. Haman-Cape Girardeau, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 10-23-1962 26. REGISTRAR'S SIGNATURE James Kasten

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2961 92 1962

DEC 4 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 Howard L. Harman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.