

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0003452

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 215 Primary Registration District No. 5781 Registrar's No. 1

FILED JAN 24 1968

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GLAIZE TOWNSHIP		c. CITY OR TOWN BRUMLEY	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BRUMLEY, MISSOURI RURAL ROUTE 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RURAL ROUTE 1

3. NAME OF DECEASED (Type or print) LURA BERNICE McCLAIN			4. DATE OF DEATH JANUARY 14, 1968		
5. SEX FEMALE	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 4, 1886	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if dead) HOUSEWIFE & CAMPOWNER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BRUMLEY, MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME GEORGE S. WRIGHT	13b. MOTHER'S MAIDEN NAME JENNIE WILSON	14. NAME OF HUSBAND OR WIFE W. C. McCLAIN
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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. 486-44-2712	17. INFORMANT ILA DEGRAFFENREID	Address BRUMLEY, MISSOURI
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18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis		8 yrs
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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION BRUMLEY	COUNTY MILLER	STATE MISSOURI
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21. I attended the deceased from Dec 1960 to Jan 1968 and last saw her alive on 1-13-68	
Death occurred at 1-13-68 m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE W. E. Humphrey	(Degree or title) D.O.	22b. ADDRESS Tuscumbia, Mo.	22c. DATE SIGNED 1-16-68
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-16-68	23c. NAME OF CEMETERY OR CREMATORY GOTT CEMETERY	23d. LOCATION (City, town, or county) (State) MILLER County, Missouri
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24. FUNERAL DIRECTOR WALTER HEDGES	ADDRESS CAMDEN, Mo.	25. DATE RECD. BY LOCAL REG. 1-20-1968	26. REGISTRAR'S SIGNATURE Jessie Perkins / Norma Perkins
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 26 1968

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

Walter P. Hedges

Licensed Embalmer No.

4265

P. O. Address

Cambria, 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.