

FILED DEC 24 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

CERTIFICATE OF DEATH

Registration District No. 137

Primary Registration District No. 5506

Registrar's No. 283

68-048911

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. CHARLES ROLAND McCain			2. Male	3. Dec. 18, 1968			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MO. DAY	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. White		5a. 59	5b. 10	5c. 17	6. Jan. 31, 1908		
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7a. Clinton			7b. His Home 2 1/2 Mi. N.E. of Clinton, Mo.				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. Married		11. Betty Jean Bartimus	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 493 16 3917			13a. Farmer		13b.		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Missouri		14b. Henry	14c. Clinton,		14d. No	14e. Rt. # 1,	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
15. William Oscar McCain			16. Jessie May Creach				
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Mrs. Charles Roland McCain			17b. Rt. # 1, Clinton, Mo. 64735				
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE			(a) Myocardial Infarction			Instant	
DUE TO, OR AS A CONSEQUENCE OF:			(b) Atherosclerotic Heart			3 years	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			(c)				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) 19a.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c. M.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY (HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY))		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.		20b.		20c.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
I ATTENDED THE DECEASED FROM		2	4	66	TO	12	18
21a.		21b.		21c.		21d.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD	
22a.				M.		M.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. W.D. Beardsley, M.D.		23b. W.D. Beardsley, M.D.		23c. M.D.		23d. 12-19-68	
MAILING ADDRESS—CERTIFIER				CITY OR TOWN		STATE ZIP	
23a. Clinton Square, Clinton, Mo.				23b. Clinton, Mo.		23c.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. Memory Garden		24c. Clinton, Missouri		24d. 64735	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24a. Dec. 20, 1968		24b. Vansant Funeral Home, 314 West Jefferson St. Clinton, Mo.					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. J.V. Williams		25b. Mildred Bigum		25c. Dec. 20, 1968			

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

RIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.9. 0
10a. 59
10b.
11. 0
12. 1
13. 4109
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

4. 0420

5. 90

6. 0420

STATE OF MARYLAND

STATE OF MARYLAND

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 A. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Calinston, 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.

Permit Obtained 12-22-108 / 208