

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33007

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5292 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">CLAY</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">MISSOURI</p> b. COUNTY <p style="text-align: center;">CLAY</p>	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL <u>Clatto. Jwo</u>	c. LENGTH OF STAY (in this place) 6 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) SMITHVILLE <u>0240</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If rural, give location) RURAL, 6 MILES EAST SMITHVILLE	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOU</u> b. (Middle) <u>HETTIE</u> c. (Last) <u>McCLAIN</u>			4. DATE OF DEATH (Month) (Day) (Year) OCT. 30 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED <u>✓</u>	8. DATE OF BIRTH OCT. 13, 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days 0 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-- At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ILLINOIS	
13a. FATHER'S NAME JOHN BERNARD			13b. MOTHER'S MAIDEN NAME SUSAN VIRGINIA TILLMAN		14. NAME OF HUSBAND OR WIFE ROBT. T. McCLAIN

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'S SIGNATURE OR NAME MRS. LELAND STEWART		
			ADDRESS SMITHVILLE, MO. R.F.D. 193		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic Gaster</u>		INTERVAL BETWEEN ONSET AND DEATH <u>boys</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral tuberculosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from July, 1934, to Oct 30, 1950, that I last saw the deceased alive on Oct 30, 1950, and that death occurred at 3 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Smithville Mo</u>	23c. DATE SIGNED <u>11/1/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV. 1, '50	24c. NAME OF CEMETERY OR CREMATORY GOSS CEMETERY	24d. LOCATION (City, town, or county) (State) SMITHVILLE, MO.

DATE REC'D BY LOCAL REG. <u>Nov 1 - 50</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE McCOMAS FUNERAL HOME	ADDRESS SMITHVILLE, MO.
---	--	--	----------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2240
1



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

Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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 this body is not embalmed, fact should be so stated above.