

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16603
1954

State File No.

FILED MAY 17 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson 0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Clay 0241</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>North Kansas City 11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research</u>		d. STREET ADDRESS (If rural, give location) <u>2117 Clay</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Maude</u>	b. (Middle) <u>S</u>	c. (Last) <u>McClain</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 28 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>13 April 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	11. BIRTHPLACE (State or foreign country) <u>Nebraska 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Burk Stewart</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Haley</u>	14. NAME OF HUSBAND OR WIFE <u>Noble P. McClain</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Noble P. McClain</u> ADDRESS <u>NKC</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Melanoma to Brain + Lung</u>		<u>2 months</u>
	ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Melanoma, left cheek</u> DUE TO (c) _____		<u>4 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1907</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 21 April 1952, to 28 April 1952, that I last saw the deceased alive on 27 April 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edw. H. Fischer</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>2025 Swift N. KC Mo</u>	23c. DATE SIGNED <u>4-29-52</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>30 April</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Platte City</u>	24d. LOCATION (City, town, or county) (State) <u>Platte City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-29-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton Funeral Home NKC</u> ADDRESS <u>Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 12 1952

DEC 7 1953

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 _____

Robert Poage

Student Embalmer No. 457

working under my personal supervision.

Student
Student Embalmer

Signed *James Morton MD*

Licensed Embalmer No. 4856

P. O. Address MKC, 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.