

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8078**

BIRTH NO. **FILED APR 14 1954** REG. DIST. NO. **74** PRIMARY REG. DIST. NO. **5294** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Clinton Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Clinton Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trimble Mo. P.F.D.I		d. STREET ADDRESS (If rural, give location) Trimble, Mo. P.F.D. I	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Ector c. (Last) McClain			4. DATE OF DEATH (Month) (Day) (Year) April 7 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH June 15 1883		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Days 9 IF UNDER 11 HRS. Min. 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (State or foreign country) St. Clair County Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John S. McClain		13b. MOTHER'S MAIDEN NAME Betty Cobb		14. NAME OF HUSBAND OR WIFE Maud McClain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Garland McClain ADDRESS Trimble, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				3 Mo	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

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 **Feb 1954** to **Apr 7, 1954**, that I last saw the deceased alive on **April 1, 1954**, and that death occurred at **7 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. B. Sheldahl M.D.		23b. ADDRESS Plattsburg Mo.		23c. DATE SIGNED Apr 9 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE April 10 1954		24c. NAME OF CEMETERY OR CREMATORY Liberty	
24d. LOCATION (City, town, or county) (State) Iconium MO.					

DATE REC'D BY LOCAL REG. Apr. 10, 1954		REGISTRAR'S SIGNATURE Elizabeth Shear		25. FUNERAL DIRECTOR'S SIGNATURE D. D. Lyon ADDRESS Plattsburg, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Danell H. Lyon

Signed.....
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.