

FILED DEC 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44586

STATE FILE NUMBER

84955-56

Registration District No. 366 Primary Registration District No. 6240 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wash.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harmony		c. CITY OR TOWN Courtois	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Courtois		d. STREET ADDRESS (If outside, give location) Life	
3. NAME OF DECEASED (Type or print) First ALVIA Middle LEA Last MCCLAIN		4. DATE OF DEATH Month Nov. Day 29 Year 1956	
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 20, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) Courtois, Missouri	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Gladys Marie McClain	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Ralph McClain; Courtois, Missouri		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNKNOWN Investigation reveals apparent neglect but cause of death remains unknown as body was buried 3 das. prior to investigation. DUE TO (b) Investigation reveals apparent neglect but cause of death remains unknown as body was buried 3 das. prior to investigation. DUE TO (c) Investigation reveals apparent neglect but cause of death remains unknown as body was buried 3 das. prior to investigation. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. INTERVAL BETWEEN ONSET AND DEATH 7955
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.) Found dead by mother 2:30 AM	
20c. TIME OF INJURY Hour 2:30 Month AM Day AM Year AM		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) NO PHYSICIAN.	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Wash. Co. Mo.	
21. I attended the deceased from NO PHYSICIAN. and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Arbunk rudall	
22b. ADDRESS Local Registrar Potosi, Mo.		22c. DATE SIGNED 12/18/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/30/56	23c. NAME OF CEMETERY OR CREMATORY Turnbough	23d. LOCATION (City, town, or county) (State) Wash. Co. Mo.
24. FUNERAL DIRECTOR NONE		25. DATE RECD. BY LOCAL REG. 12/18/56	
ADDRESS		26. REGISTRAR'S SIGNATURE Arbunk rudall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

MEDICAL CERTIFICATION

100
56

RECEIVED

DEC 18 1956

WASH. COUNTY HEALTH DEPT.

FILE NO. _____

NOT EMBALMED

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.