

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4239

State File No. \_\_\_\_\_

BIRTH FILED MAR 11 1954 REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 0782 Registrar's No. 19

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Cape Girardeau</i>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i> |  |
| b. CITY (If outside corporate limits, with BUREAU and give township)<br><i>Neelys Landing</i> |  | c. CITY (If outside corporate limits, with BUREAU and give township)<br><i>Neelys Landing</i>  |  |
| c. LENGTH OF STAY (in this place)<br><i>50 yrs</i>  |  | d. STREET ADDRESS (If rural, give location)<br><i>main st 0160</i>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>main st</i>                                     |  |  |  |

|  |                          |                         |                         |  |
|--|--------------------------|-------------------------|-------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <i>LILLIE</i> | b. (Middle) <i>BELL</i> | c. (Last) <i>MCLAIN</i> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><i>March 1, 1954</i> |
|--|--------------------------|-------------------------|-------------------------|--|

|                         |                                  |  |   |  |                           |                         |                          |
|-------------------------|----------------------------------|--|---|--|---------------------------|-------------------------|--------------------------|
| 5. SEX<br><i>Female</i> | 6. COLOR OR RACE<br><i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><i>Widowed</i> | 8. DATE OF BIRTH<br><i>May 26, 1877</i> | 9. AGE (In years last birthday)<br><i>76</i> | IF UNDER 1 YEAR<br>Months | IF UNDER 1 HRS.<br>Days | IF UNDER 1 MIN.<br>Hours |
|-------------------------|----------------------------------|--|---|--|---------------------------|-------------------------|--------------------------|

|   |  |  |  |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>housekeeper</i> | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>none</i> | 11. BIRTHPLACE (State or foreign country)<br><i>Shawneetown Mo</i> | 12. CITIZEN OF WHAT COUNTRY<br><i>U.S.A.</i> |
|---|--|--|--|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><i>Joseph Statter</i> | 13b. MOTHER'S MAIDEN NAME<br><i>Mary McClard</i> | 14. NAME OF HUSBAND OR WIFE<br><i>Joy McClain</i> |
|---|--|---|

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><i>no</i> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><i>none</i> | 17. INFORMANT'S SIGNATURE OR NAME<br><i>Earl McLain</i> | ADDRESS<br><i>Neelys Landing Mo</i> |
|--|---|---|-------------------------------------|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><i>Not known</i> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cholecystitis</i>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Heart Failure</i><br>DUE TO (c) |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><i>none</i>  |  |  |  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><i>585x</i> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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) (Minute) | 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 10, 1954* to *March 1, 1954*, that I last saw the deceased alive on *Feb 25, 1954*, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title)<br><i>D. H. Anderson M.D.</i> | 23b. ADDRESS<br><i>Jackson Mo</i> | 23c. DATE SIGNED<br><i>3-2-54</i> |
|--|-----------------------------------|-----------------------------------|

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE<br><i>March 3-1954</i> | 24c. NAME OF CEMETERY OR CREMATORY<br><i>McLain</i> | 24d. LOCATION (City, town, or county) (State)<br><i>near Neelys Landing Mo</i> |
|---|----------------------------------|---|--|

|   |  |  |                              |
|---|--|--|------------------------------|
| DATE REC'D BY LOCAL REG.<br><i>Mar 4-54</i> | REGISTRAR'S SIGNATURE<br><i>A. G. Senter 43-</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>R. Miller</i> | ADDRESS<br><i>Jackson Mo</i> |
|---|--|--|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

060

FEB 1 1911

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 Gene C. Cravens

Licensed Embalmer No. 4324

P. O. Address Jackson, 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.