

FILED JUN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19629**
Registrar's No. **54**

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5782**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shawnee		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shawnee	
c. LENGTH OF STAY (In this place) 78 yrs.		d. STREET ADDRESS (If rural, give location) 4 miles N.W. Neelys Landing	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Hazy b. (Middle) B c. (Last) McCain		4. DATE OF DEATH (Month) (Day) (Year) June 20, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 4, 1874
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY FARM	
11. BIRTHPLACE (State or foreign country) Jenkins Ferry, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John McCain	13b. MOTHER'S MAIDEN NAME Nancy Holloway	14. NAME OF HUSBAND OR WIFE Never married
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'S SIGNATURE OR NAME Clinton Perrod Neelys Jenkins
		ADDRESS

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) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 4/221 3/9/49
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		
	DUE TO (c) Hemiplegia		
19a. DATE OF OPERATION None	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 **March 9, 1949**, to **June 20, 1950**, that I last saw the deceased alive on **June 17, 1950**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Theodore Fischer M.D. (Degree or title)	23b. ADDRESS Attenberg, Mo.	23c. DATE SIGNED 6/29/50
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24a. BURIAL: CREMATION, REMOVAL (Specify)	24b. DATE June 23, 1950	24c. NAME OF CEMETERY OR CREMATORY New Bethel	24d. LOCATION (City, town, or county) (State) Cape Girardeau Co. Mo.
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DATE REC'D BY LOCAL REG. June 24, 50	REGISTRAR'S SIGNATURE D. S. Linton	25. FUNERAL DIRECTOR'S SIGNATURE W. L. L. L. L.	ADDRESS Jackson, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

650-851

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 Gene C. Crawford

Signed.....
Student Embalmer

Licensed Embalmer No. 4327

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.