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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015355

FILED MAY 11 1959

STATE FILING NUMBER 4009
Registration District No. Primary Registration District No. Registrant No.

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|--|----------------------------------|---|--|--|---|--|---|-----------------|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Tennessee b. COUNTY Shelby | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Memphis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital DOA | | | Length of stay in 1b. | | d. STREET ADDRESS (If outside, give location) 625 J. Woodward | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Dewitt Talmage McClain, Sr. | | | | 4. DATE OF DEATH Month Day Year April 22, 1959 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 13, 1902 | | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jr. Engineer Barge Lines | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Arkansas. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Robert W. McClain | | | 13b. MOTHER'S MAIDEN NAME Gernettie Fogle | | | 14. NAME OF HUSBAND OR WIFE Mildred | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If No, give war or dates of service) No. Nil. | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Mildred McClain, 625 J. Woodward | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute suppurative bronchopneumonia and tracheo-bronchitis DUE TO (b) Pulmonary emphysema DUE TO (c) Healed gastric ulcer PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal condition) (Enter in Part II) Ext. impacted area of left kidney | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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.) | | | | | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE |
| 21. I attended the deceased from _____ to _____ and last saw her 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) Patrick Taylor Corcoran | | | | 22b. ADDRESS 1300 Clark | | | 22c. DATE SIGNED 4-23-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 4-23-59 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery | | 23d. LOCATION (City, town, or county) (State) Memphis, Tenn. | | | |
| 24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington, Blvd. | | | | 25. DATE RECD. BY LOCAL REG. APR 23 '59 | | 26. REGISTRAR'S SIGNATURE Mrs. Pearl Smith, M.D. | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 11 1959

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 *Harvey Kalle*

Licensed Embalmer No. *4596*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.