

FILED APR 24 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12903

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 97

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

6
5
4

I. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day.
In this community 1 day.
years, months or days

8. (a) PRINT FULL NAME Carl David Cain

3. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 14 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 2 hr. _____ min.

9. Birthplace Eldon Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Carl Cain

18. Birthplace Eldon Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Hall

15. Birthplace Tuscumbia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Cain
(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 4-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Louis D. Phillips
(b) Address Eldon, Missouri

19. (a) 4-16-47 (b) R. B. Davis MD
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
(c) City or town Eldon
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1947 hour 3 minutes _____ A.M.

21. I hereby certify that I attended the deceased from April 15 1947 to April 16 1947
that I last saw him alive on April 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration Pneumonia
Due to Dyspneic Labor

Other conditions Secondary Hemorrhage
(Including pregnancy within 3 months of death)
from car.

Major findings: Aspiration pneumonia
Of autopsy Choked lungs
Due to attempts @ resuscitation

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) M.D.
Address Jefferson City, Mo. Date signed 4/16/47

RECEIVED
District Health Officer No. 9,
District File Number 4-23-47
Date Filed

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.....
Louis D. Phillips, Registered Apprentice No.....
working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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, above space should be left blank.