

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3-29-52

5386

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 4164		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster 12			
b. CITY OR TOWN Conway 1		c. LENGTH OF STAY (in this place) 3 years		c. CITY OR TOWN Rural			
d. FULL NAME OF HOSPITAL OR INSTITUTION x x				d. STREET ADDRESS (If rural, give location) Union township			
3. NAME OF DECEASED (Type or Print) a. (First) Isaphenia Lemmons			b. (Middle)		c. (Last) Cain		4. DATE OF DEATH (Month) (Day) (Year) January 5, 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH May 31, 1868		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Webster County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Lemmons		13b. MOTHER'S MAIDEN NAME Elizabeth - Unknown		14. NAME OF HUSBAND OR WIFE Joel Cain			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No x		16. SOCIAL SECURITY NO. x		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. E. Cain (son) - Rockford, Illinois			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 149ix					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		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) m.		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 1-4, 1949, to 1-5, 1949, that I last saw the deceased alive on 1-4, 1949, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. W. Sunday M.D.				23b. ADDRESS Conway Mo.		23c. DATE SIGNED 1-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-10-49	24c. NAME OF CEMETERY OR CREMATORY Good Spring		24d. LOCATION (City, town, or county) (State) near Nianqua, Missouri.		
DATE REC'D BY LOCAL REG. Feb. 24-49		REGISTRAR'S SIGNATURE Tressie B. Rynold		414		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alex Caine - Marshfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

NOV 5 1956

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 *Alex Lamey*

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.