

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12316
State File No. _____
REGISTRAR'S No. 1701

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

48
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BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		REGISTRAR'S No. <u>1701</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>41 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>649 West 39th</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>649 West 39th</u>				d. STREET ADDRESS (If rural, give location) <u>649 West 39th</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Levi</u> b. (Middle) _____ c. (Last) <u>Cain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/4/1873</u>			
9. AGE (In years last birthday) <u>75 yrs.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Hiawatha, ks.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Seth Cain</u>		13b. MOTHER'S MAIDEN NAME <u>Lavenia Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>Frances</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Mildred Cain 649 W. 39th K.C. MO</u>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Arteriosclerotic Heart Disease</u>				DUE TO (a) _____				<u>5 years</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>Arteriosclerosis, Generalized</u>				<u>5 years</u>	
				DUE TO (c) <u>Right Hemiplegia, due to b)</u>				<u>3 mos.</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Arterial, due to b)</u>								<u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>					
22. I hereby certify that I attended the deceased from <u>July 18th</u> , 19 <u>49</u> , to <u>April</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>17 April, 1949</u> , and that death occurred at <u>9:50 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Harold A. Budke M.D.</u>				23b. ADDRESS <u>317 ARCADE</u>				23c. DATE SIGNED <u>4-18-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiawatha Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Hiawatha, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>4-18-49</u>		REGISTRAR'S SIGNATURE <u>Genevieve Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Porter Laws</u>				ADDRESS <u>Kansas City, Mo.</u>	

MAY 2 1949

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-----

Howard L. Porter

Student Embalmer No. -----

working under my personal supervision.

Student

Student Embalmer

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota
Kansas City, Kansas

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.