No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16256

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 5324 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bourbon, Rural Boone
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bourbon, "Rural" Boone 0
d. STREET ADDRESS (If rural, give location): R.F.D.2

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): CAIRL
c. (Last): CAIN

4. DATE OF DEATH (Month) (Day) (Year): May, 31, 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May, 13, 1889
9. AGE (In years last birthday): 61 — If under 1 year: Months 0, Days 18; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Public Service
11. BIRTHPLACE (State or foreign country): Dixon, Mo. 0
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George W. Cain
13b. MOTHER'S MAIDEN NAME: Hester Lair
14. NAME OF HUSBAND OR WIFE: Nellie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): No
16. SOCIAL SECURITY: 493-10-8734
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Nellie Cain, Bourbon, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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. none —

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-29, 1950, *to* 5-31, 1950, *that I last saw the deceased alive on* 5-31, 1950, *and that death occurred at* 9:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald N. Heath DO
23b. ADDRESS: 2 Bourbon, Mo
23c. DATE SIGNED: 5-31-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May, 31, 1950
24c. NAME OF CEMETERY OR CREMATORY: Dixon Cemetery
24d. LOCATION (City, town, or county) (State): Dixon, Missouri.

DATE REC'D BY LOCAL REG.: 5/31/50
REGISTRAR'S SIGNATURE: E. E. Long
75 0
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Fred H. Gillum, Dixon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 6-2-50
District Health Officer No. 5,
District File Number 650 326
Date Filed 6-2-50

JUN 13 1958

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 Norman C. Haemer

Signed .....
Student Embalmer

Licensed Embalmer No. 4673

P. O. Address Cuba, Missouri

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.