

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40612
5010

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 36 YEARS		d. STREET ADDRESS (If rural, give location) 437 SOUTH DRURY AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) FANNIE b. (Middle) ELVA H. c. (Last) CAIN			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 1950		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 6 1896		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) BURLINGAME, KANSAS			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME JAMES E. HOOVER			13b. MOTHER'S MAIDEN NAME JENNIE Tabor			14. NAME OF HUSBAND OR WIFE CHARLES C. CAIN		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-26-0105		17. INFORMANT'S SIGNATURE OR NAME CHARLES C. CAIN		ADDRESS 437 SO. DRURY AVENUE KANSAS CITY, MO.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion - acute						1 day	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						3 mos.	
		DUE TO (b) Coronary Artery Sclerosis						3 mos.	
		DUE TO (c) Diabetes mellitus						260X	
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Nov 24, 1950, to Nov 25, 1950, that I last saw the deceased alive on Nov 24, 1950, and that death occurred at 5:42A.M., from the causes and on the date stated above.

23a. SIGNATURE Graham Asher M.D. (Degree or title)		23b. ADDRESS 1220 Professional Bldg Kansas City 6 - Mo.		23c. DATE SIGNED 11-25-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov 28 1950		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY - MISSOURI	
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DATE REC'D BY LOCAL REG. 11-28-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1111 N 25 1951

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.....

Bernard L. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4250

P. O. Address A. C. 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.