

STANDARD CERTIFICATE OF DEATH.

State File No. 4315

FILED MAR 8 1952

BIRTH NO. REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 899

0248

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

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY, N.</b>		c. LENGTH OF STAY (in this place) <b>42 YRS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY, NORTH</b>		d. STREET ADDRESS (If rural, give location) <b>4740 E. 38th St. North</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4740 E. 38th St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>MYRIA</b> c. (Last) <b>CAIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 25 1952</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>SEPT 28, 1864</b>	9. AGE (In years last birthday) <b>87</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>DAVIS Co. MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>RICHARD GRIMES</b>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>George L. CAIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>L.H. CAIN</b>		
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) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
			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.		<b>45</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <b>2-9-52</b> , 19 <b>52</b> , to <b>2-25</b> , 19 <b>52</b> that I last saw the deceased alive on <b>2-23</b> , 19 <b>52</b> , and that death occurred at <b>3:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Kotakumban M.D.</b>			23b. ADDRESS <b>2015 Swink North</b>		23c. DATE SIGNED <b>2/25/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-26-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BARRY Cem</b>		24d. LOCATION (City, town, or county) (State) <b>BARRY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>2-26-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Newcomers North Kansas City</b>	

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 \_\_\_\_\_

*Glenn H. Hill*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Avondale, 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.