

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11895**

FILED MAY 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4015</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Westboro, Missouri		c. LENGTH OF STAY (in days) 4 1/2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Westboro			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Susan		b. (Middle) Emily		c. (Last) Cain	
				4. DATE OF DEATH (Month) (Day) (Year) April-22-1952			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan-21-1868	
						9. AGE (In years) (Months) (Days) (Hours) (Min.) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Gen Housework		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Chas Booth		13b. MOTHER'S MAIDEN NAME Katherine Groves		14. NAME OF HUSBAND OR WIFE E E Cain			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Coyle Morton Westboro Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General asphexia							
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) Severe advanced cerebral arteriosclerosis					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) arteriosclerosis					
		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 III 4000-334 X 100				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 <u>1/29/52</u> , 19 <u>52</u> , to <u>4/22/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1/29/52</u> , 19 <u>52</u> , and that death occurred at <u>4:30</u> pm., from the causes and on the date stated above.							
23a. SIGNATURE Coyle Morton (Degree or title)				23b. ADDRESS Westboro Mo.		23c. DATE SIGNED 4/26/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-24-52		24c. NAME OF CEMETERY OR CREMATORY Center Grove		24d. LOCATION (City, town, or county) (State) Westboro, Missouri	
DATE REC'D BY LOCAL REG. April 30, 1952		REGISTRAR'S SIGNATURE Merwin N. Schick		25. FUNERAL DIRECTOR'S SIGNATURE Westboro, Mo		ADDRESS	

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

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 _____

Ashley R Tucker II

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. **4757**

P. O. Address Westboro, 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.