

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9398

9398

326

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 326			
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI				b. COUNTY GREENE	
b. CITY OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN SPRINGFIELD		0396			
d. FULL NAME OF HOSPITAL OR INSTITUTION 635 SO. DOUGLAS				d. STREET ADDRESS 635 SO. DOUGLAS				0	
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH			b. (Middle) CATHERINE		c. (Last) CAIN		4. DATE OF DEATH (Month) (Day) (Year) MAR, 28, 1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH (about) 1893		9. AGE (in years) (Month) (Day) (Year) 60 (about)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Springfield, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Cain			13b. MOTHER'S MAIDEN NAME Mary Beck			14. NAME OF HUSBAND OR WIFE _____			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILL CAIN SPRINGFIELD, 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) Hypertensive Heart Disease						NOT KNOWN	
		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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (Min.)		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 3-16, 1951 , to 3-28, 1953 , that I last saw the deceased alive on 1-23, 1953 , and that death occurred at 12:15A , from the causes and on the date stated above.									
23a. SIGNATURE <i>W. C. Cain</i>				(D. or M. or F.) M		23b. ADDRESS Springfield Mo.		23c. DATE SIGNED 3-30-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-31-53		24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S		24d. LOCATION (City, town, or county) (State) SPRINGFIELD MO.			
DATE RECD. BY LOCAL REG. 3/31/53		REGISTRAR'S SIGNATURE <i>Erica Williamson</i>			Deputy Registrar HERMAN LOHMEYER		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPRINGFIELD, MO		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed: Frederic S. Swadley

Licensed Embalmer No. 4815

P. O. Address: Springfield

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.