

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10893

State File No. ....

8124  
FD MAR 25 1953

BIRTH NO.

REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>8 Yr s</u>	c. CITY OR TOWN <u>Rolla</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>xx</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>F</u>		c. (Last) <u>Bain</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3/19/53</u> ( <u>1953</u> )	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>7/9/85 1870</u>		9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>x</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montauk Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Asa Bain</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Craig</u>		14. NAME OF HUSBAND OR WIFE <u>not available</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>x</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ed Enke Anutt Mo</u>	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs (?)</u>
	ANTECEDENT CAUSES Morbidity 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 <u>Senility</u> Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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)	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 1-19, 1953, to 3-19, 1953, that I last saw the deceased alive on 7, 1953, and that death occurred at 12:55A., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Feind m.d.</u> (Degree or title)	23b. ADDRESS <u>Rolla mo.</u>	23c. DATE SIGNED <u>3-20-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Patterson Cem</u>
		24d. LOCATION (City, town, or county) (State) <u>Montauk Mo</u>

DATE REC'D BY LOCAL REG. <u>Mar. 20, 1953</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u>	386	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl H. Spunna Salem Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number \_\_\_\_\_  
Date Filed 3/23/53

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Carl H. Spencer

Licensed Embalmer No. 237

P. O. Address Salmon

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.