

No. 300
10-48

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29722

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4015 Registrar's No. 701

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Westboro		c. CITY OR TOWN Westboro	
c. LENGTH OF STAY (in this place) 50 yr		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		STREET ADDRESS (If rural, give location) 0030	

3. NAME OF DECEASED (Type or Print) a. (First) Frances	b. (Middle) Ellen	c. (Last) Bain	4. DATE OF DEATH (Month) Aug- (Day) 25 (Year) 1954
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5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April-15-1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY General Work	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James Danile	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Jerome Bain
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Eunice Bain ADDRESS Westboro, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident		
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Hypertensive-arteriosclerotic			
DUE TO (c) Coronary-vascular disease			
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) (m.)	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 6/24/54, 19 , to 8/25/54, 19 , that I last saw the deceased alive on 8/15/54, 19 , and that death occurred at 6 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. Wedemeyer MD (Degree or title)	23b. ADDRESS Yorkio Mo.	23c. DATE SIGNED 9/15/54
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24a. BURIAL (CREMATION) (Specify) Burial	24b. DATE 8/26/54	24c. NAME OF CEMETERY OR CREMATORY Center Grove	24d. LOCATION (City, town, or county) (State) Near Westboro, Mo
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DATE REC'D BY LOCAL REG. Sept 16, 1954	REGISTRAR'S SIGNATURE Harwin J. Schaefer	25. FUNERAL DIRECTOR'S SIGNATURE Scott T... ADDRESS Westboro, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 **Scott Tucker**....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Scott Tucker

Licensed Embalmer No. **2824**

P. O. Address **Westboro, MA**

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.