

No. 300  
10.48

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40890

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5452

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). ---a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (in this place) <u>44 yrs</u>	c. CITY OR TOWN <u>Kansas City, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4005 N. Cleveland</u>		e. STREET ADDRESS (If rural, give location) <u>4005 N. Cleveland</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>Cain SR.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16 1956</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 9 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Retired Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTH PLACE (City and State or Foreign Country) <u>De Kalb County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
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13a. FATHER'S NAME <u>George Cain</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Grimes</u>		14. NAME OF HUSBAND OR WIFE <u>Retta Cain</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-12-6613</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Retta Cain</u> ADDRESS <u>4005 N. Cleveland</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Keptured &amp; asphyxial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>56 yrs</u>	
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.		<u>Bronchial Asthma</u>			

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) _____		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 1-16, 1945 to Dec, 1956, that I last saw the deceased alive on 12-15, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23. SIGNATURE <u>R. H. Durham</u> (Degree or title) _____		23b. ADDRESS <u>2075 Swift North K.C. Mo</u>		23c. DATE SIGNED <u>12/17/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Clay Co. Mo</u>	
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DATE REC'D BY LOCAL REG. <u>12-18-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshel</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer</u> ADDRESS <u>Sons N. K. C.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
R. H. Durham

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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.....  
Signature of Student Embalmer

Signed... *Glenn A. Hill* .....

Licensed Embalmer No. *4586*.....

P. O. Address *K.C. 16; 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.