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FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42806

State File No.

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11108**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 5 WKS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAITH HOSPITAL		No. STREET ADDRESS (If rural, give location) 112 VIRGINIA	
3. NAME OF DECEASED (Type or Print) a. (First) DEBBIE b. (Middle) JANE c. (Last) CAIN			4. DATE OF DEATH (Month) (Day) (Year) DEC 3 1956
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT. 5, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEWER		11. BIRTHPLACE (City and State or Foreign Country) SULLIVAN, MO.	
13a. FATHER'S NAME BURL BURTON CAIN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		17. INFORMANT'S SIGNATURE OR NAME ALMITA STEEN ADDRESS SULLIVAN, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized metastases ANTECEDENT CAUSES DUE TO (b) Adenocarcinoma of abdomen DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal obstruction	
19a. DATE OF OPERATION 11-14-56		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-13, 1956 , to 12-3, 1956 , that I last saw the deceased alive on 12-2, 1956 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dr. J. B. ...		23b. ADDRESS 3409 N. Union St. Sullivan, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEM.	
24b. DATE DEC. 5, 1956		24d. LOCATION (City, town, or county) (State) SULLIVAN MO.	
DATE REC'D BY LOCAL REG. DEC 5 1956		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith ADDRESS Sullivan, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

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 *J. A. Jamphrey*.....

Licensed Embalmer No. *4772*.....

P. O. Address *Sullivan*.....

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.