

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031555

STATE FILE NUMBER

FILED AUG 21 1958

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 72

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5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before and institution) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bretton Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>1100</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Yarni S. Memorial</u> Length of stay in 1b <u>7 max</u>		d. STREET ADDRESS (If outside, give location) <u>Yarni S. Memorial Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Fred Cain</u>			4. DATE OF DEATH Month Day Year <u>Aug. 13 1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 6 1906</u>
9. AGE (In years) (Under 1 year) IF UNDER 24 HRS. Months Days Hours Min. <u>52</u> <u>6</u> <u>7</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drummond Lumberwork</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Washington</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John W. Cain</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Margret Cain</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>334X</u>	
17. INFORMANT <u>Margret Cain Memorial Pavilion</u> Address		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apoplexy</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>ARTERIO SCLEROSIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>April 1, 1958</u> to <u>Aug. 13, 1958</u> and last saw <u>him</u> alive on <u>Aug. 13, 1958</u> Death occurred at <u>12-15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kawana Lake, D.O. 2</u>		22b. ADDRESS <u>Potosi Missouri</u>	
22c. DATE SIGNED <u>Aug 18, 1958</u>		23a. BURIAL, CREMATION, REMOVE (Specify) <u>Burial</u>	
23b. DATE <u>8-15-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>East Creek Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Mrs. Luther Spahr Potosi Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>8/19/58</u>		26. REGISTRAR'S SIGNATURE <u>Neil R. Rudall</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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SEP 1 1958

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 *Murphy L. Smith*

Licensed Embalmer No. *4236*

P. O. Address *Flax River*

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.