

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1947

Registration District No. 290

Primary Registration District No. 4427

State File No. 5783

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Waynesville General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)
In this community 27 days

3. (a) PRINT FULL NAME Issac Harding Cain

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary L. Cain
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased 10 14 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 20 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name George Cain

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Underwood

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary L. Cain

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 1/8/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pisgah

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 2/26/47 (b) Louise B. McClintock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4
year 1947 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug - 1946 to Jan - 1947
that I last saw him alive on 1 Jan 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arteriohypertension
Due to arteriosclerosis
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature P. D. Hughes (M.D. or other) _____
Address Dixon, Mo. Date signed 31 Jan 47

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.....

January 4, 1947....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Fred H. Dickens*.....

Licensed Embalmer No.....2341.....

P. O. Address.....Dixon, Missouri.....

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 this body is not embalmed, fact should be so stated above.