FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 9 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 33180

Registrar's No. 320

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence, Missouri 1015 E. College (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Oliver B. Cain
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Rosa Moyer
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Feb. (Month) 16 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
87	8	6	..... hr. ..... min.

9. Birthplace: Adair County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Merchant
11. Industry or business .....
FATHER
12. Name: George W. Cain
13. Birthplace: Adair County, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Tena Novinger
15. Birthplace: Adair County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Allen E. Cain
(b) Address: Kirksville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Collett Cmt.
18. (a) Signature of funeral director: Dee Riley Funeral Home
(b) Address: Kirksville, Missouri
19. (a) 10-24-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19 40 to July 17, 19 48, that I last saw him alive on July 17, 19 48, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Failure	Few Min.
Due to: Arterosclerosis and vascular heart disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: George E. Grim (M. D. or other) MD
Address: Kirksville, Mo. Date signed 10/23/48

Jefferson City Printing Co.

(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 John M. Freeman Registered Apprentice No. 269 working under my personal supervision.

Signed R. A. Liebe

Licensed Embalmer No. 4123

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.