

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Busiek 26608
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 730

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> <u>34</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>1904 W. Walnut St.</u> <u>21</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u> <u>D</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>	b. (Middle) <u>Alberta</u>	c. (Last) <u>Cain</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>16</u> <u>49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May, 26, 1947</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Albert Cain</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Miller</u>	14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXXXXXX</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert Cain</u> ADDRESS <u>Springfield, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>6 mo</u> <u>28 1/2</u> <u>1 wk</u> <u>2 d</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acidosis</u> <u>Drugs</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 8-2, 1949, to 8-16, 1949, that I last saw the deceased alive on 8-16, 1949, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Urban Busiek MD</u> (Degree or title)	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>8-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-18-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Mary</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-18-49</u>	REGISTRAR'S SIGNATURE <u>W.S. Landley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman H. Lohmeyer</u> ADDRESS <u>Springfield, Mo</u>
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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
Student Embalmer

Signed

William Frees

Licensed Embalmer No.

4733

P. O. Address

Springfield 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.