

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 13538

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Washington</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union</u>		c. LENGTH OF STAY (in this place) <u>years</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Cadet mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union</u>			
d. STREET ADDRESS (If rural, give location) <u>Near Cadet</u>							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Elsie</u>		b. (Middle) <u>May</u>		c. (Last) <u>Cain</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Dec 11 1941</u>	
9. AGE (In years last birthday) <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Mineral Point Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Mineral Point Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ray E. Cain</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Skagge</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ray E. Cain</u> ADDRESS <u>Cadet mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Myelogenous</u>					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4/26/49</u> , to <u>12/16</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12/15</u> , 19 <u>49</u> , and that death occurred at <u>600 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Mrs. Cresswell md.</u>				23b. ADDRESS <u>Patton Mo.</u>		23c. DATE SIGNED <u>12/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvert</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/17/49</u>		REGISTRAR'S SIGNATURE <u>Herbert Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks Patton Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

RECORDED 12-19-49

Registrar Officer No. 4

Certificate Number 1249-1656

Date Filed

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

working under my personal supervision. Student Embalmer No.

Student Student Embalmer

Signed Murphy Sparks

Licensed Embalmer No. 4336

P. O. Address Hat River 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.