

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19177

BIRTH NO. 32339-50 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Washington2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Washingtonb. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Breton Twp
c. LENGTH OF STAY (in this place)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Breton Twp

d. FULL NAME OF HOSPITAL OR INSTITUTION Near Cadet mo

d. STREET ADDRESS (If rural, give location) Near Cadet mo

3. NAME OF DECEASED
a. (First) Infant b. (Middle) Cain c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) May 18 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0

8. DATE OF BIRTH May 18 1950

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 mos. Hours Mins. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country) Missouri 0

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Cain

13b. MOTHER'S MAIDEN NAME Nussie Lawson

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Cain Boardman, Mo RR 2

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature infant - 7 months

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthma, 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.

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.

1976X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-18, 1950, to 5-18, 1950 that I last saw the deceased alive on 5-18, 1950, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Edward W. Lake, D. V. (Degree or title)

23b. ADDRESS Paton, Missouri

23c. DATE SIGNED 5/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-18-50

24c. NAME OF CEMETERY OR CREMATORY Pond Creek

24d. LOCATION (City, town, or county) (State) Washington Co Mo

DATE REC'D BY LOCAL REG. 5/20/50

REGISTRAR'S SIGNATURE Helmut HOB

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. Luther Spahr Paton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 22, 1950

WASH. COUNTY HEALTH DEP

File No. 550-2

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.

Signed.....

Murphy L. Parker

Signed.....

Student Embalmer

Licensed Embalmer No.

P. O. Address.....

*4338
Hub Ave. No.*

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.