

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20077  
2583

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">1215 Brush Creek</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1215 Brush Creek</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Frank</p>			b. (Middle) <p style="text-align: center;">P.</p>			c. (Last) <p style="text-align: center;">CAIN</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">June 17, 1951</p>					
5. SEX <p style="text-align: center;">Male</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>		8. DATE OF BIRTH <p style="text-align: center;">10-27-1886</p>			9. AGE (In years last birthday) <p style="text-align: center;">64</p>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Tavern Owner</p>			10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">4618 Troost</p>			11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Williamstown, Missouri</p>			12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>					

13a. FATHER'S NAME <p style="text-align: center;">Wm. Cain</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Margaret McCrowe</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Margaret S. Cain</p>		
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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) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs. Margaret S. Cain, 1215 Brush Creek, KC, Mo</p>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Arteriosclerotic heart disease</p>						INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">4 yrs.</p>	
		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.						<p style="text-align: center;">4200</p>	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-10-46 1949, to 6-17-51 1951, that I last saw the deceased alive on 6-17-51, 1951, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Graham Owens</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>906 Grand NCMo</u>		23c. DATE SIGNED <u>6-18-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">6-20-51</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Mt. Olivet</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City, Missouri</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">6-18-51</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Heraldine Holmes</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Melody-McGilley-Eylar, Kansas City, Mo.</p>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

of the 1pm, Mon.

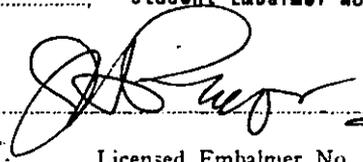
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. ....

P. O. Address.....

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.