

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **23586**

FILED JUL 16 1951

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5655		Registrar's No. 74			
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon			c. LENGTH OF STAY (In this place) 65 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		d. STREET ADDRESS (If rural, give location) 1302 Missouri			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. State Sanatorium				3. NAME OF DECEASED a. (First) Howard b. (Middle) Cain c. (Last) Cain					
4. DATE OF DEATH June 23, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Dec. 30, 1902		9. AGE (In years last birthday) 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel		10b. KIND OF BUSINESS OR INDUSTRY Hotel			
11. BIRTHPLACE (State or foreign country) Indiana				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME George Cain		13b. MOTHER'S MAIDEN NAME Donahue		14. NAME OF HUSBAND OR WIFE Maudie Fay Cain					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 341-09-2457		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Ann Wilson, Mt. Vernon, Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma 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.				INTERVAL BETWEEN ONSET AND DEATH 1 2/3 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 162x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 April 18, 1951 , to June 23, 1951 , that I last saw the deceased alive on June 22, 1951 , and that death occurred at 12:03am. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C. R. Brasler M.D.				23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED 6-23-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Burkhart Cemetery		24d. LOCATION (City, town, or county) (State) Racine, Missouri			
DATE REC'D BY LOCAL REG. 6-28-51		REGISTRAR'S SIGNATURE Cecil Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.					

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

0550
 C

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED JUL 5 1951

Dist. File 221-1328

Date Filed 7-19-51

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

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.