S. No. 300
v. 10.48

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FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36543

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 317

1. PLACE OF DEATH
a. COUNTY: Calloway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fulton
c. LENGTH OF STAY (in this place): 33y, 6m, 12d
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unk 64850
d. STREET ADDRESS (If rural, give location): Frm Mo State Pen

3. NAME OF DECEASED (Type or Print): a. (First) JACK b. (Middle) — c. (Last) BAIN

4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unk 9
8. DATE OF BIRTH: Unk
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cal & Transfer Bulkman
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Unk 9
12. CITIZEN OF WHAT COUNTRY? Unk

13a. FATHER'S NAME: Unk
13b. MOTHER'S MAIDEN NAME: Unk
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT'S SIGNATURE OR NAME: State Hsp. Records ADDRESS: Fulton, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Psychosis — INTERVAL BETWEEN ONSET AND 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. Ch. Myo. Cardiac

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 304X
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* 27 April, 1950, *to* 9 Nov, 1951, *that I last saw the deceased alive on* 9 Nov, 1951, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. P. Price by G.S.W. (Degree or title) M.D.
23b. ADDRESS: Fulton, Mo
23c. DATE SIGNED: 9 Nov, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 11-15-51
24c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
24d. LOCATION (City, town, or county) (State): Columbia Mo

DATE REC'D BY LOCAL REG.: Nov. 15-1951
REGISTRAR'S SIGNATURE: Marietta Lawrence 426-0
25. FUNERAL DIRECTOR'S SIGNATURE: J. D. Roberts ADDRESS: Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 20 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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.