

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17529
State File No.

FILED MAY 27 1952

| | | | | | | | | | |
|--|--|--|---|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>290</u> | | PRIMARY REG. DIST. NO. <u>4431</u> | | Registrar's No. <u>52</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> <u>0850</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> <u>0850</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Dixon</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Dixon</u> | | d. STREET ADDRESS (If rural, give location) | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> | | b. (Middle) <u>Vernon</u> | | c. (Last) <u>Cain</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>17</u> <u>1952</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>3/12/1887</u> | | | |
| 9. AGE (In years last birthday) <u>65</u> | | 10. MONTHS <u>1</u> | | 11. YEARS <u>5</u> | | 12. HOURS <u>0</u> MIN. <u>0</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13a. FATHER'S NAME <u>Jesse Cain</u> | | 13b. MOTHER'S MAIDEN NAME <u>Adalade Jones</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mima Cain</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u> | | 16. SOCIAL SECURITY NO. <u>X</u> <u>488-38-1479</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wilmer Sell, Crocker, Missouri</u> | | | | ADDRESS | |
| 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) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>yes</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | | | 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) m. | | 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>June</u> , 19 <u>54</u> , to <u>April</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 7</u> , 19 <u>52</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 23b. ADDRESS <u>Dixon, Mo</u> | | 23c. DATE SIGNED <u>3-19-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/19/1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Dixon</u> | | 24d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>5-21-52</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>458</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u> | | | | ADDRESS | |

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

RECEIVED 5-21-52
Pulaski County Health Officer
File Number 3-24-52
Date Filed 5-21-52

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 _____

4/19/1952

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Maurice E. Schirbamer

Licensed Embalmer No. 4505

P. O. Address Dixon, Missouri

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.