No. 300
10.48

FILED OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34221

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1069

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1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rea Mo 0020
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Luella
b. (Middle):
c. (Last): Cain

4. DATE OF DEATH (Month) (Day) (Year): 10-4-1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 6-12-1892
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 4, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmistress
10b. KIND OF BUSINESS OR INDUSTRY: Government Employ
11. BIRTHPLACE (State or foreign country): Andrew Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Andrew J. Cain
13b. MOTHER'S MAIDEN NAME: Mary Barr
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Claude Cain — **ADDRESS**: Savannah 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure, pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recovering from diabetic coma — 1 week
DUE TO (c) Diabetes Mellitus, uncontrolled — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerosis — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260 X
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* Oct. 1, 19 52, *to* Oct. 4, 19 52, *that I last saw the deceased alive on* Oct. 4, 19 52, *and that death occurred at* 3.40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. R. Howden M.D.
23b. ADDRESS: 620 Francis Street
23c. DATE SIGNED: 10/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-9-1952
24c. NAME OF CEMETERY OR CREMATORY: Savannah
24d. LOCATION (City, town, or county) (State): Savannah Mo

DATE REC'D BY LOCAL REG.: October 11, 1952
REGISTRAR'S SIGNATURE: Carl C. Castle
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Breit Funeral Home Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 2 0 1952

OCT 2 0 1952

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

OCT 2 8 1952

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Sarcoxie 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.

State of Mo
County of Buch } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.
Local Registrar's No. 1069

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24 day of October, 1952, before me appears Claude Cain, who, upon his oath, states that the original record of ~~birth~~ death for Luella Cain ~~born~~ died Oct 4, 1952 in the State of Missouri, and which was filed at St Joseph on Oct 11, 1952 should be corrected as follows:

Item No. should read
Instead of

Item No. 7 should read single
Instead of Widow

Item No. 13b should read Margaret A. Barr
Instead of Mary Barr

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Claude Cain Brother
Relationship.

Savannah, Mo. - RR# 3
Present Address.

Subscribed and sworn to before me this 24 day of October, 1952

My Commission expires My Commission Expires April 12, 1955 Esther M. Allison Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
1 X36667

Sup- 34221

OCT 2 8 1957