

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4529

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>949</u>		PRIMARY REG. DIST. NO. <u>372</u>		Registrar's No. <u>80</u>		
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>				
b. CITY OR TOWN <u>Newtown</u>		c. LENGTH OF STAY (in this place) <u>80 yrs</u>		c. CITY OR TOWN <u>Newtown</u>		1050		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>			b. (Middle) <u>CAIN</u>		c. (Last) <u>HOOTEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 12 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>9</u>	8. DATE OF BIRTH <u>Mar 16 1865</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Days <u>9</u>	IF UNDER 2 HRS. Hours <u>26</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even retired) <u>retired merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Dow Cain</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Wallis</u>		14. NAME OF HUSBAND OR WIFE <u>Charley Hooten</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James Brown</u>					ADDRESS <u>Newtown</u>
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) <u>Chronic Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
		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. <u>4222</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) _____		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>May 10</u> , 19 <u>41</u> , to <u>Jan 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 12</u> , 19 <u>53</u> , and that death occurred at <u>11:40 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>G. Dale</u>				23b. ADDRESS <u>Newtown, Mo.</u>		23c. DATE SIGNED <u>1/17/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 13</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newtown</u>		24d. LOCATION (City, town, or county) (State) <u>Newtown Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan 17, 1953</u>		REGISTRAR'S SIGNATURE <u>Ereta Caldwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Julius Dwayne Newtown</u>		ADDRESS _____		

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

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.