

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23803

State File No.

FILED JUL 27 1953
BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tarkio</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tarkio</u>	
c. LENGTH OF STAY (in this place) <u>15 yr.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>**</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Martin</u> c. (Last) <u>Cain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Oct. 24, 1881</u>		9. AGE (In years last birthday) <u>71</u>		10. YEARS (If under 1 year) <u>9</u> MONTHS <u>17</u> DAYS <u>17</u> HOURS <u>17</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Watson Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Joseph Cain</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cain</u>		14. NAME OF HUSBAND OR WIFE <u>Annie Cain</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Lindsay</u> ADDRESS <u>Tarkio, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CRUSHED LEFT CHEST & FRACTURED SKULL</u>		DUE TO (b) <u>AUTO MOBILE HITTING him</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>2ND. AUTO RUNNING OVER him</u>				
II. OTHER SIGNIFICANT CONDITIONS <u>COMPOUND FRACTURE OF BOTH LEGS</u>		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 69 in front of home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>TARKIO</u> (COUNTY) <u>ATCHISON</u> (STATE) <u>MO.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 11 1953 8:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HE WAS WALKING ACROSS ROAD AND CAR RAN INTO him - KILLING him INSTANTLY</u>		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. D. Phillips</u> (Degree or title) <u>3 corner</u>		23b. ADDRESS <u>Rock Port, Mo.</u>		23c. DATE SIGNED <u>7/11/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Tarkio</u>		24e. (State) <u>Mo.</u>			

DATE REC'D BY LOCAL REG. <u>7/16/53</u>		REGISTRAR'S SIGNATURE <u>M. A. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Funeral Home</u> ADDRESS <u>Tarkio, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

30

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

Frost A. Browning

Licensed Embalmer No.

333 *F*

P. O. Address

Tarkio, 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.