

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39396

State File No.

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5512 Registrar's No. 209

7000

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LITTLE BLUE</u>		c. LENGTH OF STAY (If this place) <u>6 hrs.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON Co HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>8910-ROBERTS 300 S</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u>			b. (Middle) <u>C.</u>		c. (Last) <u>CAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19 53</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 27-1893</u>		9. AGE (In years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ARK</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JAMES ALBERT FULTZ</u>			13b. MOTHER'S MAIDEN NAME <u>NANCEY Mc CULLEY</u>			14. NAME OF HUSBAND OR WIFE <u>WALTER S. CAIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Katherine Carpenter</u>				ADDRESS <u>5811 Lexington</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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) <u>embolism of lung</u>					
				ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u>					
				Morbidity 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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>						20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. C. Keathley, Jr. M.D.</u>				23b. ADDRESS <u>2050 Boulevard St. W.</u>				23c. DATE SIGNED <u>11-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT WASHINGTON</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 20-53</u>		REGISTRAR'S SIGNATURE <u>M. B. Langford</u>		483 0		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Shiel</u>		ADDRESS <u>6606 S. Julia St. Mo</u>	

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.....
Signature of Student Embalmer

Signed *John P. Sheil*.....
Licensed Embalmer No. *8625*

P. O. Address *R. P. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**