

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 22612
Registrar's No. 34

BIRTH NO. _____		REG. DIST. NO. 114		PRIMARY REG. DIST. NO. 4186		Registrar's No. 34	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY FRANKLIN		b. CITY (If outside corporate limits, write RURAL and give township) SULLIVAN		a. STATE MO.		b. COUNTY FRANKLIN	
c. LENGTH OF STAY (in this place) 4 YRS		c. CITY (If outside corporate limits, write RURAL and give township) SULLIVAN 0361		d. STREET ADDRESS PARK PLAZA ADDITION			
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTHSIDE HOSP				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) PIERCE		b. (Middle) FRANKLIN		c. (Last) CAIN		July 13 1954	
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) CHILD	8. DATE OF BIRTH MAY 10, 1950	9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 2	IF UNDER 12 HRS. Days 3	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) WASHINGTON, MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME KENNETH L. PHILLIPS		13b. MOTHER'S MAIDEN NAME HELEN LOIS HOSKINS		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS NORMAN CAIN SULLIVAN, MO.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heat exhaustion				8 hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				12 hours	
		DUE TO (b) Dehydration					
		DUE TO (c) Diarrhea - etiology undetermined				2 hours	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						7856 F	
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) (Minute)		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 July 13, 1954, to July 13, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 6:22 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Omerle H. Peterson M.D.				23b. ADDRESS 48 1/2 W. Clark St. Sullivan, Mo.		23c. DATE SIGNED July 14 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 15, 1954		24c. NAME OF CEMETERY OR CREMATORY BUFFALO CEMETERY		24d. LOCATION (City, town, or county) SULLIVAN, MO.	
DATE REC'D BY LOCAL REG. 7/14/54		REGISTRAR'S SIGNATURE Thomas A. Simpson		25. FUNERAL DIRECTOR'S SIGNATURE H. Eaton		ADDRESS Sullivan, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 J. A. Humphrey

Licensed Embalmer No. 4772

P. O. Address Sullivan, 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.