

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40843
5616

State File No.

FILED DEC 27 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give town) Kansas City, Mo. | | c. LENGTH OF STAY (in this place) 3-7-54 | c. CITY OR TOWN Kansas City |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital (If rural, give location) 2027 E. Gregory | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Riley | b. (Middle) Bain | c. (Last) Cash | 4. DATE OF DEATH (Month) (Day) (Year) December 4, 1954 |
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| 5. SEX M | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 3-12-00 | 9. AGE (In years last birthday) 54 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Eldorado, Ill. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Ed Cash | 13b. MOTHER'S MAIDEN NAME Lillie Bain | 14. NAME OF HUSBAND OR WIFE Marguerite Cash |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1 | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital Records | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction | | 4 hrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic aortic stenosis DUE TO (c) | | 10 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 410+ | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 12-2-54, to 12-4-54, and that death occurred at 4:10 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Francis N. Johnson MD (Degree or title) | 23b. ADDRESS Veterans Administration Hospital | 23c. DATE SIGNED 12-4-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12-7-54 | 24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY | 24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo. |
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| DATE REC'D BY LOCAL REG. 12-7-54 | REGISTRAR'S SIGNATURE Neva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE MAUPIN FUNERAL HOME | ADDRESS Fulton, Mo. |
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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.....
Signature of Student Embalmer

Signed..... *John R. Sidman*
Licensed Embalmer No. 453
P. O. Address *Kansas City*

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.