

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **1368**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		c. LENGTH OF STAY (In this place) <b>35 yrs</b>	d. CITY OR TOWN <b>Independence</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1107 So. Leslie</b>		STREET ADDRESS (If rural, give location) <b>1107 So. Leslie</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Arthur</b> c. (Last) <b>Mc Cain</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 12, 1955</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar. 12 - 1883</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Packee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Meat Packing Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Preston - Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Henry R. McCain</b>		13b. MOTHER'S M maiden NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Myrtle McCain</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>496-10-1820</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle McCain</b> ADDRESS <b>Indep. Mo</b>		

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Statinus Aschmatious</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Bronchial Asthma</b>		<b>2 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Pulmonary fibrosis</b>		<b>2 years</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>241X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **April 14, 1951**, to **Jan 12, 1955**, that I last saw the deceased alive on **Jan 11, 1955**, and that death occurred at **9:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. D. D.</b> (Degree or title)		23b. ADDRESS <b>Independence, Mo</b>		23c. DATE SIGNED <b>1-14-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan 15, 55</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Breaking Cemetery</b>	24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>1-15-55</b>	REGISTRAR'S SIGNATURE <b>W. D. D.</b>	FUNERAL DIRECTOR'S SIGNATURE <b>354 Roland R. Speaks</b>		ADDRESS <b>Indep. Mo</b>

(Licensed Embalmers' Statement on Reverse Side)

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

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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 *R. Kenneth Patterson*.....

Licensed Embalmer No. *469*.....

P. O. Address *Indy*.....

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.