

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1797**  
Registral's No. **62**

FILED JAN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330**

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY OR TOWN <b>East Prairie</b>	c. LENGTH OF STAY (in this place) <b>35 yrs</b>	c. CITY OR TOWN <b>East Prairie</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>306 W. Pine</b>		No. STREET ADDRESS (If rural, give location) <b>306 W. Pine 06710</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOSEPH</b>	b. (Middle) <b>NEWTON</b>	c. (Last) <b>BAIN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 16-1955</b>
-------------------------------------	--------------------------	---------------------------	-----------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>10-20-1878</b>	9. AGE (in years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	---	------------------------------------	---	------------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Camden, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	---	---	--

13a. FATHER'S NAME <b>Joseph R. Bain</b>	13b. MOTHER'S MAIDEN NAME <b>Niece Henin</b>	14. NAME OF HUSBAND OR WIFE <b>Delia Bain, Dec.</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes Spanish American</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Bain - East Prairie</b>	ADDRESS <b>East Prairie</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer Colon</b>		
	ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>153 X</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 **last 5 yrs**, to \_\_\_\_\_, 1955, that I last saw the deceased alive on **Jan 16 1955**, and that death occurred at **5:30** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. O. Martin MD</b> (Degree or title)	23b. ADDRESS <b>East Prairie Mo</b>	23c. DATE SIGNED <b>1-17-55</b>
---	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-18-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>W.O.W. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>East Prairie, Mo.</b>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>1-18-55</b>	REGISTRAR'S SIGNATURE <b>Gertrude G. Harper</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Marion Shelby</b>	ADDRESS <b>East Prairie, Mo.</b>
---	---	---	----------------------------------

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

711

JAN 21 1955

---

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 *Maris Shelby*

Licensed Embalmer No. *27*  
P. O. Address *East Prairie*

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.