FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12679

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Smithville
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Smithville Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN: Excelsior Springs
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 305 Excelsior

6002

3. NAME OF DECEASED (Type or Print)
a. (First): Alexander
b. (Middle): Simpson
c. (Last): Cairns

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1956

5. SEX: Ma
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 28, 1886
9. AGE (In years last birthday): 69 — If under 1 year: Months 6, Days 16; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minerr
10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine
11. BIRTHPLACE (City and State or Foreign Country): Scotland
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William Cairns
13b. MOTHER'S MAIDEN NAME: Margaret Simpson
14. NAME OF HUSBAND OR WIFE: Shirley Frances Cairns
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-01-5575
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Alvin Klusman
ADDRESS: Smithville, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Infarct — 3 weeks

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
4200
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* April 8, 1956, *to* April 13, 1956, *that I last saw the deceased alive on* April 13, 1956 *and that death occurred at* 3:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David R. Chiles M.D.
23b. ADDRESS: Smithville Mo
23c. DATE SIGNED: 4/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-16-56
24c. NAME OF CEMETERY OR CREMATORY: Huntsville Cemetery
24d. LOCATION (City, town, or county) (State): Huntsville, Missouri

DATE REC'D BY LOCAL REG.: 4-16-56
REGISTRAR'S SIGNATURE: Marguerite Hudgens
25. FUNERAL DIRECTOR'S SIGNATURE: McComas Funeral Home
ADDRESS: Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 20 1955
CLAY CO.
HEALTH CENTER

APR 20 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 452

P. O. Address Smithville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.