

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21977

FILED JUN 25 1956

State File No. _____
Registrar's No. 5623

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 22190		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2311 ² BIDDLE APT. 513			d. STREET ADDRESS (If rural, give location) 21 2311 ² BIDDLE ST. APT. 513			
3. NAME OF DECEASED (Type or Print) HATTIE		a. (First) _____ b. (Middle) _____ c. (Last) M E CAIN		4. DATE OF DEATH 6-11-56		
5. SEX FEMALE	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 4, 1880	9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) GREENWOOD, MISS		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JOHN GARNER		13b. MOTHER'S MAIDEN NAME CLARA P		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS IVORY SWILLINGS 2311 ² BIDDLE		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2 years
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) 443x		
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 June 1954, to June 11, 1956, that I last saw the deceased alive on 6-11-56, and that death occurred at 11 A.M., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Walter A. Young MD			23b. ADDRESS 2237 Market Street		23c. DATE SIGNED 6-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6-15-56	24c. NAME OF CEMETERY OR CREMATORY FATHER DICKSON		24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY. MO	
DATE REC'D BY LOCAL REG. JUN 13 1956		REGISTRAR'S SIGNATURE J. Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.F. WALTON 2707 STODDARD		

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4525 Alhine

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.