

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43760**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5228** Registrar's No. **192**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Cass</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Pleasant Hill</b>	c. LENGTH OF STAY (in this place) <b>5 years</b>	c. CITY OR TOWN <b>Pleasant Hill</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>A. D. Mohr Greenhouses no street address</b>		e. STREET ADDRESS (If rural, give location) <b>306 Cline</b> <b>0140</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Hugh</b> b. (Middle) <b>Louis</b> c. (Last) <b>Cain</b>			<b>4. DATE OF DEATH</b> (Month) <b>Dec.</b> (Day) <b>30</b> (Year) <b>1957</b>		
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<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED.</b> (Specify) <b>married</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 7, 1892</b>	<b>9. AGE</b> (In years last birthday) <b>65</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Foreman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Greenhouse</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) / <b>Wichita, Kansas</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
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<b>13a. FATHER'S NAME</b> <b>Dawson Cain</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lydia Mahoney?</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Grace Cain</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>unknown</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Grace Cain</b>		<b>ADDRESS</b> <b>Pleasant Hill, Mo.</b>	
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<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b> sudden</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Cardiac trauma</b>					
		<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) homicidal gunshot</b>					
		<b>DUE TO (c)</b>					
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Homicide</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Factory Ashburn</b>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Pleasant Hill Cass Mo.</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>12 20 57 10/17/57</b>			<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>Homicide</b>	
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:15 P.M.**, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Edward J. Jones, M.D.</b> (Degree or title)		<b>23b. ADDRESS</b> <b>Pleasant Hill, Mo.</b>		<b>23c. DATE SIGNED</b> <b>12/31/57</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>24b. DATE</b> <b>1-2-58</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Cochran Mortuary</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>Wichita, Kansas</b>	
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<b>DATE REC'D BY LOCAL REG.</b> <b>12/31/57</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Noel Barward</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Raymond Stanley</b>		<b>ADDRESS</b> <b>Pleasant Hill Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JAN 9 1958

HEALTH DEPARTMENT

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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 *Raymond D. Stanley* .....

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill

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.