

FILED JUN 16 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022755

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 136

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Demiseot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>0781 Hayti</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>408 West Washington</u>
3. NAME OF DECEASED (Type or print) First <u>Charlie</u> Middle <u>M<sup>c</sup></u> Last <u>Cain</u>		4. DATE OF DEATH: <u>May 24 1958</u> Month Day Year	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>2 Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 29, 1910</u>
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day laborer</u>	
11. BIRTHPLACE (City and state or country) <u>Swiftown Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Oliver M<sup>c</sup> Cain</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Burdges</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel M<sup>c</sup> Cain</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give name or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ethel M<sup>c</sup> Cain 408 W. Wash. Hayti, Mo</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypo static pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>cerebral occlusion i foot</u>			<u>4 yrs.</u>
DUE TO (c) <u>hemiplegia - 3 or 4 attacks</u> <u>degenerated vessels (hips &amp; back)</u>			<u>4 weeks.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>332 X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>3-28-58</u> to <u>5-24-58</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>5-24-58</u> Death occurred at <u>5:10 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>add liney M.D.</u>		22b. ADDRESS <u>Hayti, Mo</u>	
22c. DATE SIGNED <u>6-4-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-29-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Ridge Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo</u>	
24. FUNERAL DIRECTOR <u>John H. Gorman</u>		25. DATE RECD. BY LOCAL REG. <u>6-6-58</u>	
ADDRESS <u>Hayti, Mo</u>		26. REGISTRAR'S SIGNATURE <u>John W. Gorman</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

6-170-58

JUN 18 1958

JUN 13 1958

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CAUTHERSVILLE, MO

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 *John H. German* .....

Licensed Embalmer No. *4355* .....

P. O. Address *Hayti, Mo.* .....

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.