

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028783  
STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 880

S. 300  
v. 1-57

|   |                                  |  |   |   |   |
|---|----------------------------------|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Springfield</b> 03960  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                           |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. John's Hosp.</b>  |                                  | Length of stay in 1b   | d. STREET ADDRESS (If outside, give location)<br><b>2248 N. Fay</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>               |
| 3. NAME OF DECEASED<br>(Type or print) <b>ROBERT B. CAIN</b>  |                                  |  | 4. DATE OF DEATH <b>Sept. 9, 1958</b>   |   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>  | 8. DATE OF BIRTH<br><b>Oct. 22, 1885</b>  |   | 9. AGE (In years last birthday) <b>72</b><br>IF UNDER 1 YEAR<br>Months Days Hours Min.              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Salesman</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Fruit</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Greene County, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13. FATHER'S NAME<br><b>John Sam Cain</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Rebecca Miles Unknown</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>                            |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>  |   | 17. INFORMANT Address<br><b>Charley Cain: Colorado Springs, Colo.</b> |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Perforation of lung from automobile accident</b>  |                                  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2hr</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |  |   |   | 19. WAS AUTOPSY PERFORMED?<br>1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  |  |   |   |   |
| 20a. ACCIDENT <input checked="" 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.)<br><b>Car pulled onto Hiway 160 in front of a north bound car</b> |   |   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br><b>7:50 Am 9-9-58</b>   |                                  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>State highway</b>   |   |   |   |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                                  | 20f. CITY, TOWN, OR LOCATION<br><b>Hi way 160 Greene Missouri</b>  |   | COUNTY STATE  |   |
| 21. I attended the deceased from <b>9-9-58</b> to <b>9-9-58</b> and last saw him alive on <b>9-9-58</b><br>Death occurred at <b>10:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |  |   |   |   |
| 22a. SIGNATURE (Name or title)<br><b>Max Mitch, M.D.</b>  |                                  |  | 22b. ADDRESS<br><b>Springfield, Mo. Springfield Medical Bldg.</b>   |   | 22c. DATE SIGNED<br><b>9-11-58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>9-12-58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Brighton Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Brighton, Missouri</b>                          |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>AYRE-GOODWIN: Springfield, Mo.</b>   |                                  |  | 25. DATE RECD. BY LOCAL REG.<br><b>9-12-58</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Effie G. Melton</b>   |

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.

SEP 23 1958

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 *Jane C. Hunter* .....

Licensed Embalmer No. *4789* .....

P. O. Address *Spfld. 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.