

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004737

STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis		d. STREET ADDRESS (If outside, give location) 227 S Pacific	
3. NAME OF DECEASED (Type or print) First Edgar Middle Fred Last Kain		4. DATE OF DEATH Month Feb Day 23 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 12 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY International	9. AGE (In years last birthday) 70
13a. FATHER'S NAME Fred Kain		13b. MOTHER'S MAIDEN NAME Unknown	11. BIRTHPLACE (City and state or country) Bonne Terre Mo.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 1		16. SOCIAL SECURITY NO. 490-05-6796	12. CITIZEN OF WHAT COUNTRY? U.S.A
17. INFORMANT Mrs. Jesse Miller, Murphysboro Ill		14. NAME OF HUSBAND OR WIFE Mrs. Edgar Kain	
18. CAUSE OF DEATH (See only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) gen. arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 days 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 WORK <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 4/10/53 to 2/23/59 and last saw him alive on 2/23/59 Death occurred at 7 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harold Kidding md		22b. ADDRESS Cape Girardeau, Mo	
22c. DATE SIGNED 2/24/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-25-59	23c. NAME OF CEMETERY OR CREMATORY Fairmount	23d. LOCATION (City, town, or county) (State) Cape Girardeau Mo
24. FUNERAL DIRECTOR Brinkopf Howell		ADDRESS Cape Gir Mo.	25. DATE RECD. BY LOCAL REG. Feb 27, 1959
26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1959 MAR 27

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 *Neil H. Krawinkel* .....

Licensed Embalmer No. *4994* .....

P. O. Address. *Cape Girardeau* .....

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.