

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016155

STATE FILE NUMBER

FILED MAY 7 1959

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

1063

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond Heights</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		Length of stay in lb <b>2 days</b>	d. STREET ADDRESS <b>2237A Howard St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>HARRY NMN CAIN</b>			4. DATE OF DEATH Month Day Year <b>April 18, 1959</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 16, 1895</b>		9. AGE (In years last birthday) <b>63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stationary Engineer, Independent Packing Co, Cairo, Illinois</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Benjamin Cain</b>		13b. MOTHER'S MAIDEN NAME <b>Rosa Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Lena Cain</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>unk.</b>		17. INFORMANT Address <b>Mr. Wayne Cain, 9635 Marge Ann Ln</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>1. Cult Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>hour</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerosis</b>				?	
DUE TO (c) <b>Head belts necklet 260x</b>				?	
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>X</b>			
20c. TIME OF INJURY Hour a.m. p.m. <b>X</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>X</b>		COUNTY	STATE
21. I attended the deceased from <b>1954</b> to <b>4/18/59</b> and last saw him alive on <b>4/18/59</b> Death occurred at <b>3:45</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>R. Muehle Sr. D.</b>			22b. ADDRESS <b>4161 Wendell Blvd</b>		22c. DATE SIGNED <b>4/19/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-21-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LOCAL</b>		23d. LOCATION (City, town, or county) (State) <b>CAIRO, ILL.</b>	
24. FUNERAL DIRECTOR <b>Barbling Funeral Home, Cairo, Ill.</b>			25. DATE RECD. BY LOCAL REG. <b>4-20-59</b>	26. REGISTRAR'S SIGNATURE <b>John L. Murphy, MD</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Jos. E. McCulloch* .....

Licensed Embalmer No. *2760* .....  
P. O. Address *613 2nd St* .....

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.