

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959

59-028811

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 103

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DAVISS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>BETHANY</u>		Length of stay in 1b <u>4 days</u>		c. CITY OR TOWN <u>Pattonsburg</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 <u>NOLL Hospital</u>				d. STREET ADDRESS (If outside give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Millard</u> Middle <u>F. C.</u> Last <u>CAIN</u>				4. DATE OF DEATH Month <u>August</u> Day <u>16</u> Year <u>1959</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>MAY 15 1890</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Pattonsburg Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Cain</u>				13b. MOTHER'S MAIDEN NAME <u>Geneva Adcock</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>500-09-6506</u>		17. INFORMANT <u>Norman Cain Pattonsburg Mo.</u>	
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>INTRA CRANIAL HEMORRHAGE</u> DUE TO (b) <u>SKULL FRACTURE</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>DECEASED WAS ALLEGEDLY ATTACKED AND</u>			
20c. TIME OF INJURY Hour <u>10:30</u> p.m. Month, Day, Year <u>8-12-59</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>BEATEN ABOUT THE HEAD WITH A CLAW HAMMER</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ELMS CABINS</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>PATTONSBURG, DAVIESS, MO.</u>			
21. I attended the deceased from <u>8-12-59</u> to <u>8-16-59</u> and last saw him alive on <u>8-16-59</u> Death occurred at <u>4:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Albert M. Mike M.D.</u>				22b. ADDRESS <u>Bethany, Mo.</u>		22c. DATE SIGNED <u>8-17-59</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>18 August 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		23d. LOCATION (City, town, or county) (State) <u>Pattonsburg Mo.</u>	
24. FUNERAL DIRECTOR <u>H.A. Roberson Pattonsburg Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>8-17-1959</u>		26. REGISTRAR'S SIGNATURE <u>Zella Massey</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 2 1959  
JUN 19 1961

**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

MAY 25 1961

Signed Harvey C. Robinson  
Licensed Embalmer No. 3075

P. O. Address Pattonburg, 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.