JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 30 1960 15

-60-029570
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3004 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lamar — Length of stay in 1b: 17Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1703Broadway At Home — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Lamar — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1703Broadway — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: George Middle: Culton Last: Caines
4. DATE OF DEATH: Month: August Day: 25 Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov.22,1875
9. AGE (last birthday): 84 yrs.
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building Constr.
11. BIRTHPLACE (City and state or country): Vanceburg, Kentucky
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Christopher Caines
13b. MOTHER'S MAIDEN NAME: Mary Louise Polk
14. NAME OF HUSBAND OR WIFE: Margaret S. Caines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Margaret Caines, Lamar, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease Years
DUE TO (c): Sen. Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a): Senility c Mild Diabetes
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 17, 51, to Aug. 25, 60 and last saw her/him alive on Aug 25, 60
Death occurred at 11:30 P.M. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: Herbert M. Arnold M.D. (Degree or title)
22b. ADDRESS: Lamar Mo.
22c. DATE SIGNED: 8-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug.28,1960
23c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery
23d. LOCATION (City, town, or county) (State): Rolla, Missouri

24. FUNERAL DIRECTOR: Clarence Chile — ADDRESS: Lamar Mo
25. DATE RECD. BY LOCAL REG.: AUG 27 '60
26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence H. Stubbs

Signature of Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lamar Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.