

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020570

STATE FILE NUMBER

AMENDED

FILED JUN 27 1961

Primary Registration District No. 4061 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Caldwell				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell					
b. CITY: (If outside corporate limits, give TOWNSHIP only) OR TOWN Braymer		Length of stay-in-1b 3 yrs.		c. CITY OR TOWN Braymer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Own home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 Middle Last SARAH ANNA McCAIN				4. DATE OF DEATH Month Day Year June 3, 1961					
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-19-1881		9. AGE (last birthday) 79yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Ray Co, Missouri		12. CITIZEN OF WHAT COUNTRY USA		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
13a. FATHER'S NAME Adam Steward			13b. MOTHER'S MAIDEN NAME Martha Davis			14. NAME OF HUSBAND OR WIFE deceased			
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 Address Ella Hudson, Braymer, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Myocarditis								INTERVAL BETWEEN ONSET AND DEATH Few Months many years many years	
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 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									
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 May 1951 to June 3, 1961 and last saw her alive on June 1, 1961 Death occurred at 10 P. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. S. Goldberg M.D. (Degree or title)				22b. ADDRESS Braymer, Mo				22c. DATE SIGNED 6-561	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-6-61		23c. NAME OF CEMETERY OR CREMATORY Enon, Cemetery			23d. LOCATION (City, town, or county) B raymer, Mo. RFD (State)		
24. FUNERAL DIRECTOR Mead-Pitts ADDRESS Braymer, Mo				25. DATE RECD. BY LOCAL REG. June 19 - 1961		26. REGISTRAR'S SIGNATURE Mrs. Lucile Ann Zuppert			

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bernard J. Mead

Licensed Embalmer No. 2301

P. O. Address Braymer, 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.