

AMENDED

Registered District No. 318 Primary Registration District No. 1003 Registrar's No. 9863 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>ST. LOUIS, MISSOURI</u>			Length of stay in 1b <u>1 Mo. 3 Days</u>		c. CITY OR TOWN <u>GRANITE CITY</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1609 KIRKPATRICK HOMES</u>
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>H</u> Last <u>CAIN</u>			4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>23</u> Year <u>1961</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-13-1926</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HARTFORD TANNERY</u>	11. BIRTHPLACE (City and state or country) <u>HORNBEAK, TENN.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>HENRY CAIN</u>		13b. MOTHER'S MAIDEN NAME <u>PATSY WEBB</u>		14. NAME OF HUSBAND OR WIFE <u>NETTIE CAIN</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> </u>		17. INFORMANT <u>Sylvia Cook, Granite City, Ill.</u> Address <u>1925 Benton</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>ACUTE CONGESTIVE HEART FAILURE</u>					<u>20 MINUTES</u>
DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>					<u>MANY YEARS</u>
DUE TO (c) <u>450.0</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>AMPUTATION OF RIGHT LOWER EXTREMITY</u>					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 checked="" type="checkbox"/> NO <input 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 <u> </u> a.m. / p.m. Month, Day, Year <u> </u>	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 <u>MARCH 27, 1961</u> to <u>OCTOBER 23, 1961</u> and last saw her/him alive on <u>OCTOBER 23, 1961</u>			Death occurred at <u>6:57 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>C. Vermillion, M.D.</u>			22b. ADDRESS <u>BARNES HOSPITAL</u>		22c. DATE SIGNED <u>10/24/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>10-24-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL</u>		23d. LOCATION (City, town, or county) (State) <u>EDWARDSVILLE TWP., ILL.</u>	
24. FUNERAL DIRECTOR <u>Frank Moore Granite City, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 25 1961</u>	26. REGISTRAR'S SIGNATURE <u>Karl Smith, M.D.</u>		

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 Charles E. Morce

Licensed Embalmer No. 2988

P. O. Address Granite City

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.