

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009748

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No. _____

Registrar's No. 21

FILED MAR 19 1962

VS 300
Rev. 4/59

1 0030

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Atchison | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Atchison | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Westboro | | Length of stay in 1b 10 years | c. CITY OR TOWN Westboro Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Lloyd Middle J Last Cain | | | 4. DATE OF DEATH Month March Day 1 Year 1962 | |
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|-----------------------|-------------------------------|---|------------------------------------|-------------------------------------|--|--|
| 5. SEX Male | 6. COLOR OR RACE Wh | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1895-21 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|-----------------------|-------------------------------|---|------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | 10b. KIND OF BUSINESS OR INDUSTRY Digging Ditches | 11. BIRTHPLACE (City and state or country) Missouri | 12. CITIZEN OF WHAT COUNTRY U S |
|---|---|---|---|

| | | |
|--|---|-----------------------------|
| 13a. FATHER'S NAME Elijah Cain | 13b. MOTHER'S MAIDEN NAME Susan Emily Booth | 14. NAME OF HUSBAND OR WIFE |
|--|---|-----------------------------|

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|---|-------------------------|--|--------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If Yes, give branch and dates of service) Yes World War I | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Coyle Mortan | Address Westboro, 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) Freezing | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| 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 |
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| 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.) |
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|---|------------------|
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year |
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|--|--|------------------------------|--------|-------|
| 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 _____, to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>D. Galley</i> (Degree or title) Coroner | 22b. ADDRESS Rock Port Mo. | 22c. DATE SIGNED 3-5-62 |
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|--|--------------------------------|---|---|
| 23a. BURIAL, CREMATION, or other disposal (Specify) Burial | 23b. DATE Mar-3-1962 | 23c. NAME OF CEMETERY OR CREMATORY Center Grove | 23d. LOCATION (City, town, or county) (State) Westboro Missouri |
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|---|--------------------------------------|--|--|
| 24. FUNERAL DIRECTOR Scott Tucker | ADDRESS Westboro, Missouri | 25. DATE RECD. BY LOCAL REG. Mar 5, 1962 | REGISTRAR'S SIGNATURE <i>Marion H. Schaefer</i> |
|---|--------------------------------------|--|--|

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

MAR 20 1962

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 Ashley R Tucker III, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.