

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027561

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 39

Primary Registration District No. 4097

Registrar's No. 119

STATE FILE NUMBER

FILED JUL 30 1963

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville		c. CITY OR TOWN East Lynne	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Rest Home		d. STREET ADDRESS (If outside, give location) None	Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) ELVRA BYRON BAIN			4. DATE OF DEATH Month July Day 21 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 12-22-1874	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) Page County, Iowa		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Bain		13b. MOTHER'S MAIDEN NAME Jane Hardee		14. NAME OF HUSBAND OR WIFE Mary E. Bain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Adenoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Insufficiency DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 da
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 ☐ 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 11 a.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 1959 to July 21 and last saw him alive on July 21, 1963 Death occurred at 1204 H m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. E. Finkbeiner (Degree or title)		22b. ADDRESS Harrisonville Mo	22c. DATE SIGNED 7/22/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-63	23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	23d. LOCATION (City, town, or county) Belton, Missouri (State)

24. FUNERAL DIRECTOR E.K. George & Sons, Inc. Belton, Mo.	25. DATE RECD. BY LOCAL REG. 7-22-63	26. REGISTRAR'S SIGNATURE Ray J. Suber
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Jimmy S. Huckschorn

Licensed Embalmer No. 4092

P. O. Address Benton, 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.