

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**28240**  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Chariton 2 Registration District No. 175  
 (b) Township Salisbury 0 Primary Registration District No. 4104 Registered No. 49  
 (c) City Salisbury (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 150  
 2. PRINT FULL NAME Edith Cavanaugh  
 (a) Residence, No. Salisbury Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E. Cavanaugh  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1857  
 7. AGE YEARS 83 MONTHS 3 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 1  
 13. NAME Wm Smith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6  
 15. MAIDEN NAME Caroline Stedman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4  
 17. INFORMANT (ADDRESS) Hazel Cooper  
Springfield Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury DATE 8/1 1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. B. Winkelmeier  
Salisbury Mo.  
 20. FILED 8/1 1940 W. H. Hartman  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1940  
 22. I HEREBY CERTIFY, that I attended deceased from Dec 7 1938 to July 31 1940  
 I last saw her alive on July 30 1940. Death is said to have occurred on the date stated above, at 6:30 P.  
 The principal cause of death and related causes of importance were as follows:  
Generalized arteriosclerosis  
Cerebral degeneration  
 Date of onset 7-20-40  
 Other contributory causes of importance:  
Chronic pyelitis right ?  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) L. H. Hornum, M. D.  
 103 (Address) Salisbury Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8  
District File Number  
Date Filed

**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.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
Licensed Embalmer No.....  
P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**