

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15613

Registration District No. 733

Primary Registration District No. 4438

Registrar's No.

1. PLACE OF DEATH:

(a) County RANDOLPH
 (b) City or town HUNTSVILLE
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 408 OAK ST. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community LIFE (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RANDOLPH
 (c) City or town CALLAO
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. 10 years.

3. (a) PRINT FULL NAME MATTIE CAVANAUGH3. (b) If veteran, name war. 1 3. (c) Social Security No. ✓4. Sex FEM 5. Color or race WH 6. (a) Single, widowed, married, divorced WIDOW 26. (b) Name of husband or wife JAS. CAVANAUGH 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased. MAR. 4 1875
(Month) (Day) (Year)8. AGE: Years 66 Months 1 Days 8 If less than one day _____ hr. _____ min.9. Birthplace MACON Co. MO. 0
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name STEVE BURNAM13. Birthplace MACON Co. MO. 0
(City, town, or county) (State or foreign country)14. Maiden name SUSAN TUTTLE15. Birthplace MACON Co. MO. 0
(City, town, or county) (State or foreign country)16. (a) Informant MRS. W. F. JETER(b) Address HUNTSVILLE MO17. (a) Swind (b) Date thereof Apr 14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation HEBRON CEM.18. (a) Signature of funeral director Paul T. Hackney 6661(b) Address Huberly Mo.19. (a) April 12-1941 (b) Wm. D. A. Baumhart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 41 hour 3 minute 30 P. M.21. I hereby certify that I attended the deceased from Sept. 1940 to April 12th 1941
that I last saw her alive on April 12th 1941
and that death occurred on the date and hour stated above.Immediate cause of death Hypostatic pneumonia Duration 4 daysDue to Carcinoma of Liver 1 yr.

Due to _____

Other conditions. 468
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2123. Signature Wm. D. A. Baumhart (M. D. or other) DOAddress Huntsville Mo. Date signed 4/12/41

RECEIVED

District Health Officer No. 10

District File Number 5-41-866

Date Filed MAY - 8 1941

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 *Paul T. Hackney*

Licensed Embalmer No. 3598

P. O. Address *Wesley*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.