

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6115**

FILED MAR 5 1942
Registration District No. **114**

Primary Registration District No. **313338**

Registrar's No. **39**

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Rural (Callaway)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Raymond Jasper Cave
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 20
year 1942 hour 2 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 10 (Month) 31 (Day) 1917 (Year)

21. I hereby certify that I attended the deceased from Dec 28-41 19____ to Jan 16 1942
that I last saw him alive on Jan 16-42 and that death occurred on the date and hour stated above.
Immediate cause of death Endocarditis

8. AGE: Years Months Days If less than one day
24 2 20 hr. min.

Due to L. Heart Murmur
Due to L
Other conditions L
(Include pregnancy within 3 months of death)

9. Birthplace Callaway Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer hand

Major findings:
Of operations None
Of autopsy None

MOTHER FATHER
11. Industry or business _____
12. Name Emmett Cave
13. Birthplace Callaway Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Cave
15. Birthplace Callaway Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) L
(b) Date of occurrence L
(c) Where did injury occur? L (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? L (Specify type of place) (e) Means of injury _____

16. (a) Informant Barnett Cave
(b) Address New Bloomfield, Missouri

23. Signature Quinn Blackburn (M. D.)
Address Butler Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Cave Cemetery
18. (a) Signature of funeral director Ray A Holt
(b) Address New Bloomfield, Missouri
19. (a) 1-30-42 (Date received local registrar) (b) Jessie Moseley (Registrar's signature)

22. (continued) _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

17

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

114

Jan 24-42

REC 27 1942

14-25-42
C. H. Holt

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 Me

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

Signed Ray O. Holt

Licensed Embalmer No. 2605

P. O. Address New Bl. oomfield, 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 this body is not embalmed, fact should be so stated above.