-5-43
-17-39
X26671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1948

Registration District No. 25

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11461

Primary Registration District No. 4036

Registrar's No. 14

1. PLACE OF DEATH:
(a) County: BATES
(b) City or town: RICH HILL MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: CASS 19
(c) City or town: STRASBURG 6
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: FLOYD SAMUEL CAUTHON
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: MALE C
5. Color or race: W
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: JUNE (Month) 23 (Day) 1901 (Year)
8. AGE: Years 46 Months 9 Days 17 If less than one day ..... hr. ..... min.
9. Birthplace: WHITE CLOUD (City, town, or county) KANSAS (State or foreign country) 1
10. Usual occupation: retired blind pensioner
11. Industry or business .....
FATHER
12. Name: BENJAMINE F. CAUTHON O
13. Birthplace: MISSOURI (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: EMMA DEAN JOHNSON
15. Birthplace: MISSOURI (City, town, or county) (State or foreign country) O
16. (a) Informant: Olin Cauthon
(b) Address: Pleasant Hill mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill MO.
18. (a) Signature of funeral director: Silver Underwood
(b) Address: Butler Missouri
19. (a) 4-16-1948 (Date received local registrar) (b) Mrs. Ema Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 10TH year 1948 hour 7 minute P M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... ; that I last saw h..... alive on ..... 19..... ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: DEAD ON ARRIVAL	
SKULL FRACTURE	
Due to: STRUCK BY TRUCK -	
Due to:	
Other conditions: MULTIPLE CHEST FRACTURES (Include pregnancy within 3 months of death)	
FRACTURE OF RIGHT ARM -	

Major findings:
Of operations: 8
Of autopsy: no -

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): 7
(b) Date of occurrence: April-10-1948
(c) Where did injury occur? Highway 71 - Bates Co MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on State Highway 71 - ½ mile S of Rich Hill mo (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: John G. Underwood (M. D. or other) Coroner
Address: Butler Mo Date signed: 4-10-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 3-198-4
Date Filed 4-20-48

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 Harold M. Douglas, Registered Apprentice No. 40, working under my personal supervision.

Signed John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.