

FILED MAY 26 1948

State File No. _____

Registration District No. 762

Primary Registration District No. 5594

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural - Meramec
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hosp. Inc.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months
(Specify whether years, months or days)

In this community 70

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin

(c) City or town Pacific 36
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME James M. Caughey

(b) If veteran, name war no

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1948 hour 16 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased: Sept 30 1862
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Mr. M. Caughey passed to his death as a result of the fall sustained at St. Joseph's Hosp. DuPont

Due to injury on the above date due to his former heavy cardiovascular

Due to plus other complications the accumulation of which caused

Other conditions: death
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>		hr. _____ min. _____

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business _____

12. Name Hugh M. Caughey

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Adanna O'Hell

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Record of Infirmary

(b) Address _____

17. (a) Burial (b) Date thereof: 5/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Phil J. Kirk

(b) Address Pacific, Mo.

19. (a) May 22-48 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence May 18th 1948

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

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

While at work? No (Specify type of place) (e) Means of injury Fall

Signature W. B. Edwards (M. D. death) Coroner
Address Ordor Hill Date signed 5/18/48

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

907

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
MAY 25 1948

MAILED

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 Joe L. Shieber
Licensed Embalmer No. 3008
P. O. Address Pacific 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.