

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 362

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural, Crawford TWSP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Faucett	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) Faucett, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Faucett, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) Verta	b. (Middle) Janie	c. (Last) Cawley	4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 1, 1877	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 3	11. UNDER 1 YEAR Days 3	12. UNDER 1 HR. Hours	13. UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY A t home	11. BIRTHPLACE (State or foreign country) Willowbrook, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME A lex McCauley	13b. MOTHER'S MAIDEN NAME Hannah Gibson	14. NAME OF HUSBAND OR WIFE Henry Cawley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Flora Spencer; ADDRESS St. Joseph, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) "Essential" Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5/29, 1948, to 11/19, 1948, that I last saw the deceased alive on 11/19, 1948, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. B. Jenkins, D.O.	23b. ADDRESS 307 W. Main, Savannah, Mo.	23c. DATE SIGNED 1/6/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/6/49	24c. NAME OF CEMETERY OR CREMATORY Faucett, Mo. Cemetery	24d. LOCATION (City, town, or county) (State) Faucett, Missouri
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DATE REC'D BY LOCAL REG. 1-10-49	REGISTRAR'S SIGNATURE G. B. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Breeman	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1 1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. A. J. Spalding

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.