No. 300
10-48

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5833

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BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: RAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HARDIN
c. LENGTH OF STAY (in this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home in Hardin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: RAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HARDIN (CITY LIMITS)
d. STREET ADDRESS (If rural, give location): Home in Hardin

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): DALTON
c. (Last): McCAULEY

4. DATE OF DEATH (Month) (Day) (Year): Feb 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 28, 1860
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 2, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JAKE McCAULEY
13b. MOTHER'S MAIDEN NAME: SUSAN BUMGARNER
14. NAME OF HUSBAND OR WIFE: LENA WHITE McCAULEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. J. D. McCauley — ADDRESS: Hardin Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterial - Sclerosis — 10 yrs
DUE TO (c): Myocarditis — 1 yr

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: —
20. AUTOPSY? YES ☐ NO ☒

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): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Feb 1, 1949, *to* Feb 10, 1949; *that I last saw the deceased alive on* Feb 10, 1949, *and that death occurred at* 4:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin Grimes (Degree or title): M.D.
23b. ADDRESS: Hardin, Mo.
23c. DATE SIGNED: 2/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 12, 1949
24c. NAME OF CEMETERY OR CREMATORY: Hardin
24d. LOCATION (City, town, or county): Hardin (State): Mo.

DATE REC'D BY LOCAL REG.: Feb 13, 1949
REGISTRAR'S SIGNATURE: Mabel Jackson 273
25. FUNERAL DIRECTOR'S SIGNATURE: Knipschild & Bouhuding — ADDRESS: Hardin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-24-79

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 AUGUST BORCHERDING, Student Embalmer No. 237, working under my personal supervision.

Signed August Borcherding
Student Embalmer

Signed John W. Kuipschild
Licensed Embalmer No. 2789
P. O. Address Hardin, 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.