

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7612

State File No. ....

4000

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

FILED APR 8 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5159 Registrar's No. 4

1. PLACE OF DEATH a. COUNTRY <u>Caldwell</u> <u>Callaway Rural-Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Bloomfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caldwell Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>6 mi. S.E. New Bloomfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) <u>Rachel</u>		a. (First) <u>Rachel</u>	b. (Middle) <u>Caye</u>
c. (Last) <u>Caye</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 15-49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV-22-1892</u>
9. AGE (In years last birthday) <u>56</u>	If UNDER 1 YEAR Months <u>3</u> Days <u>23</u>		If UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Callaway Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John Brooks</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Brooks</u>	14. NAME OF HUSBAND OR WIFE <u>Howard D. Caye</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Howard D. Caye</u> ADDRESS <u>N.B. Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion; thrombosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal disease with hypertension, and Bright's disease</u> DUE TO (c) <u></u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>summary</u>  <u>years</u>  <u>years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION, <u>4/42X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 14, 1947</u> , to <u>March 15, 1949</u> , that I last saw the deceased alive on <u>October 4, 1948</u> , and that death occurred at <u>10 A.M.</u> , from the causes <u>and</u> on the date stated above.			
23a. SIGNATURE <u>E. R. Gish</u> (Degree or title)		23b. ADDRESS <u>Jutta Ave</u>	23c. DATE SIGNED <u>1/13/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>MAR 17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1 mi. N. Jettette Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAR-15-49</u>	REGISTRAR'S SIGNATURE <u>Leroy Claypool</u>	39	25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt-Claypool</u> ADDRESS <u>Ser. N.B. Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
DISTRICT HEALTH COMMISSIONER NO. 9,  
DISTRICT OF COLUMBIA  
Date Filed APR 7 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.

Signed \_\_\_\_\_

*Leroy Claypool*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4412

P. O. Address New Bloomfield

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.