

FILED APR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12034**

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 382	
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's		d. STREET ADDRESS (If rural, give location) 1009 E. Cherry			
3. NAME OF DECEASED (Type or Print) a. (First) Orville		b. (Middle) Clinton		c. (Last) Cavin	
4. DATE OF DEATH (Month) (Day) (Year) April 27 1949					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27-1883	9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Ladies Clothes		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME O. S. CAVIN		13b. MOTHER'S MAIDEN NAME MARGRET BURNS		14. NAME OF HUSBAND OR WIFE Ida Cavin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ??		17. INFORMANT'S SIGNATURE OR NAME Harlan Cavin ADDRESS Springfield	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Coronary DUE TO (c) Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			INTERVAL BETWEEN ONSET AND DEATH 5 hours
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from 4-19 , 19 49 , to 4-27 , 19 49 , that I last saw the deceased alive on 4-27 , 19 49 , and that death occurred at 3:45p m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) William J. Paul, M.D.		23b. ADDRESS 609 Cherry, Springfield, Mo.		23c. DATE SIGNED 4-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAY 1, 1949		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield Missouri					
DATE REC'D BY LOCAL REG. 4/29/49		REGISTRAR'S SIGNATURE W. J. Handley		25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. ADDRESS Springfield	

(Licensed/Embalmer's Statement on Reverse Side)

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

39
2
6

MAR 28 1950

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 _____

Ogle Stone Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4176

P. O. Address _____

Springfield

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.