

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27473

State File No. _____

FILED SEP 1 1949

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 25

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

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>	c. LENGTH OF STAY (In this place) <u>7 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Street</u>		d. STREET ADDRESS (If rural, give location) <u>East Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VINCENT</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>MCCAULEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23 1949</u>	
5. SEX <u>Male</u>	16. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 7, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	9. AGE (In years last birthday) <u>48</u> <u>11</u> <u>16</u>
11. BIRTHPLACE (State or foreign country) <u>Perry County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James M. McCauley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. Klump</u>	14. NAME OF HUSBAND OR WIFE <u>Wilma McCauley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes 1919 to 1923</u>		16. SOCIAL SECURITY NO. <u>486-16-8238</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wilma McCauley Wellsville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercular Embolism</u> ANTECEDENT CAUSES <u>Thrombophlebitis right leg</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>None</u>	
18. CAUSE OF DEATH (continued) _____		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE OF OPERATION _____		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) _____	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>Aug 13, 1949</u> , to <u>Aug 23, 1949</u> , that I last saw the deceased alive on <u>Aug 23, 1949</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. J. [Signature]</u>		23b. ADDRESS <u>Wellsville Mo</u>	23c. DATE SIGNED <u>Aug 24, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/26/29</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bismark Missouri</u>
DATE REC'D BY LOCAL REG. <u>8-25-49</u>	REGISTRAR'S SIGNATURE <u>W. S. Roman</u>	425	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. B. Wells, Wellsville Mo</u>

District File Number _____
District Health Officer No. 9,
AUG 29 1949

RECEIVED

SEP 1 1949

SEP 22 1949

JAN 25 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,

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed
A. B. Kells

Licensed Embalmer No. 1588

P. O. Address Kellaville 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.