

FILED SEP 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30708

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>150</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Twp) Prairie</u>		c. LENGTH OF STAY (in this place) <u>51 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lone Jack</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>In Ambulance Hi Way 10E</u>				d. STREET ADDRESS (If rural, give location) <u>Town</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aubrey</u>		b. (Middle) <u>L</u>		c. (Last) <u>Cave</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8/31/1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Dec. 31, 1897</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banker</u>		11. BIRTHPLACE (State or foreign country) <u>Lone Jack Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Frank Cave</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie B. Faulkenberry</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I & II</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elmer Cave Lone Jack, Missouri</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u> ANTECEDENT CAUSES <u>Fracture of Anus of Leg</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>NE 8234</u> <u>32</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no post summit ROR</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Jackson Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Mo</u>			
21d. TIME (Month) (Day) (Year) (Hour) (Minute) <u>8-31-49 5:00 P.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Culbwhite Accident</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ruth A. Queen Carver</u>				23b. ADDRESS <u>1034 Reator Bldg</u>		23c. DATE SIGNED <u>9-1-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack</u>		24d. LOCATION (City, town, or county) (State) <u>Lone Jack, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>SEPT. 6, 1949</u>		REGISTRAR'S SIGNATURE <u>Ernest C. Emschew</u> <u>378</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lee's Summit, Missouri</u>			

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

SEP 13 RECD

SEP 13 1949

SEP 20 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 _____

W. B. Langford

Signed _____
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit Missouri

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.