No. 300
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FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10029

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) O'Fallon Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ----------

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) O'Fallon Rural 6920
d. STREET ADDRESS (If rural, give location) --------- 0

3. NAME OF DECEASED (Type or Print) a. (First) L. b. (Middle) C. c. (Last) McCausland

4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1950

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1

8. DATE OF BIRTH Feb. 10/1872

9. AGE (In years last birthday) 78 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) farming

10b. KIND OF BUSINESS OR INDUSTRY --------

11. BIRTHPLACE (State or foreign country) St. Charles Co. Mo. 6

12. CITIZEN OF WHAT COUNTRY? US A

13a. FATHER'S NAME Nathaniel McCausland

13b. MOTHER'S MAIDEN NAME Kibble

14. NAME OF HUSBAND OR WIFE Folsom McCausland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Folsom McCausland ADDRESS O'Fallon 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) chr myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) general arteriosclerosis — 10 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 11 9 21

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* Jan, 1948, *to* 26 Feb, 1950, *that I last saw the deceased alive on* 19 Feb, 1950, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lawrence G Behan MD

23b. ADDRESS O Fallon Mo

23c. DATE SIGNED 3-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0

24b. DATE Mar. 1 1950

24c. NAME OF CEMETERY OR CREMATORY Howell Cemetery

24d. LOCATION (City, town, or county) (State) Weldon Springs Mo.

DATE REC'D BY LOCAL REG. March 12 1950

REGISTRAR'S SIGNATURE Martin F Puff 408 1

25. FUNERAL DIRECTOR'S SIGNATURE E A Keithly ADDRESS O Fallon Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 25 1950
District Health Officer No. 9,
District File Number.....

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.

Student .....
Student Embalmer

Signed E A Keithly

Licensed Embalmer No. 8 7 7

P. O. Address Fallon 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.