

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22958

BIRTH NO. _____		REG. DIST. NO. <u>389</u>		PRIMARY REG. DIST. NO. <u>5159</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Callaway</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Callaway</u>		admission).	
b. CITY (If outside corporate limits, give street address or location) <u>Rural Callaway</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, give street address or location) <u>Rural Callaway</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi East New Bloomfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi East New Bloomfield</u>		d. STREET ADDRESS		4 mi East New Bloomfield			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Howard David</u>		b. (Middle) <u>Cave</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 50</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 16 - 1886</u>	
9. AGE (in years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Callaway Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Cave</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hurd</u>		14. NAME OF HUSBAND OR WIFE <u>Batesy Cave</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>Amanda M. Brown</u>		ADDRESS <u>Bluffton</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) _____			
				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>			
Conditions contributing to the death but not related to the disease or condition causing death.				4201			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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>I viewed body after death</u> , that I last saw the deceased alive on <u>Wed. night, 19/4/50</u> , and that death occurred at <u>12:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>E. M. D. Rusk M.D.</u>				23b. ADDRESS <u>New Bloomfield Mo</u>		23c. DATE SIGNED <u>July 5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebbell Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 6-50</u>		REGISTRAR'S SIGNATURE <u>LeRoy Clayson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt Clayson</u>		ADDRESS <u>Box 7 BTR</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

1140

320

only

RECEIVED 7-12-56
District Health Officer No. 9,
District File Number 7-12-56

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 LeRoy Clayton

Licensed Embalmer No. 4412

P. O. Address New Bloomfield Pa

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.