

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37564

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 425F Registrar's No. 64

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY KNOX	
b. CITY (If outside corporate limits, write RURAL and give township) EDINA		c. CITY (If outside corporate limits, write RURAL and give township) EDINA	
c. LENGTH OF STAY (In this place) LIFETIME		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION-			

3. NAME OF DECEASED (Type or Print) AGNES CECELIA McCAULEY	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec 2 1950
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5. SEX F. I	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAR 18, 1892	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 14	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER & SECRETARY	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) EDINA Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME PETER J. McCAULEY	13b. MOTHER'S MAIDEN NAME MARY RILEY	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 490-18-6612	17. INFORMANT'S SIGNATURE OR NAME Mary J. McCauley	ADDRESS Edina, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 7
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases (Post Surgical 6 yrs)		
	DUE TO (c) Breast Carcinoma		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			6 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. (AUTOPSY?) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1949, to Dec, 1950, that I last saw the deceased alive on Dec 2, 1950, and that death occurred at 4:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Raymond H. Meyer, D.O.	23b. ADDRESS Edina, Mo.	23c. DATE SIGNED 12-4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec 5, 1950	24c. NAME OF CEMETERY OR CREMATORY ST JOSEPH'S CEMETERY	24d. LOCATION (City, town, or county) (State) EDINA Missouri
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DATE REC'D BY LOCAL REG. Dec-4-1950	REGISTRAR'S SIGNATURE Nell S. Humalt	25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Kriegerhauser	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

522
1

Date Received: DEC 9 1950
DISTRICT HEALTH OFFICE #2
District File Number 12-50-208
Date Filed: DEC 11 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.

Student
Student Embalmer

Signed Paul C. Friegehauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.