

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11285**

1040

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

BIRTH NO. _____		REG. DIST. NO. <b>349</b>		PRIMARY REG. DIST. NO. <b>4507</b>		Registrar's No. <b>13</b>	
1. PLACE OF DEATH a. COUNTY <b>Stone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>			
b. CITY OR TOWN <b>Crane</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Crane</b>		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charlie</b> b. (Middle) <b>Loren</b> c. (Last) <b>Caulson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 1 1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 7 - 1895</b>		9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>24</b>	IF UNDER 24 Hrs. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>City Marshal</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Police Work</b>		11. BIRTHPLACE (State or foreign country) <b>Jemisseville, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>C. P. Caulson</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah E. McDaniel</b>		14. NAME OF HUSBAND OR WIFE <b>Ellanora Caulson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>W.W.I</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ellanora Caulson</b> ADDRESS <b>Crane, Mo.</b>				
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia T. B.</b> ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>20 yrs</b>
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) (m.)		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 <b>1951</b> , to <b>1951</b> , that I last saw the deceased alive on <b>25th</b> , 1951, and that death occurred at <b>12:15 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Agnes M. D.</b>				23b. ADDRESS <b>Crane Mo</b>		23c. DATE SIGNED <b>March 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/4/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic</b>		24d. LOCATION (City, town, or county) (State) <b>Crane, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>March 4 - 51</b>		REGISTRAR'S SIGNATURE <b>Lena Murray, Dep.</b>		317		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clay H. Moore</b> ADDRESS <b>Crane Mo.</b>	

