

FILED APR 17 1951 STANDARD CERTIFICATE OF DEATH

State File No. **11463**

BIRTH NO. _____ REG. DIST. NO. **2** PRIMARY REG. DIST. NO. **5034** Registrar's No. **140**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR#4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RR#4 - RURAL 0040	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR#4		d. STREET ADDRESS (If rural, give location) 12R#4 MEXICO	

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW	b. (Middle) T.	c. (Last) CAUTHORN	4. DATE OF DEATH (Month) (Day) (Year) APRIL 6, 1951
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5. SEX 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 5, 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 Wks. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY CROP FARMER	11. BIRTHPLACE (State or foreign country) Audrain County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME THEODORE CAUTHORN	13b. MOTHER'S MAIDEN NAME ELIZABETH BOTT	14. NAME OF HUSBAND OR WIFE MRS. ANDREW CAUTHORN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Malcolm Cauthorn	ADDRESS Mexico 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Case. No jury. blood unaltered		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) by a physician history of		
DUE TO (c) a circulatory condition. No evidence			
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. of ridine or foul play.			

19a. DATE OF OPERATION None	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) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Paris Audrain Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased **April 4, 1951**, 19**51**, and that death occurred at **9** m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Adams, M.D., Coronado, Mexico, Mo.	23b. ADDRESS _____	23c. DATE SIGNED 4-6-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-8-51	24c. NAME OF CEMETERY OR CREMATORY ETHEL Cem.	24d. LOCATION (City, town, or county) (State) AUDRAIN COUNTY, MO
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DATE REC'D BY LOCAL REG. 4-9-51	REGISTRAR'S SIGNATURE Martha Kewen	25. FUNERAL DIRECTOR'S SIGNATURE Chas Arnold, Jr.	ADDRESS Mexico
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: APR 16 1951

DISTRICT HEALTH OFFICE #2

District File Number #-57-720

Date Filed: APR 16 1951

Misses *Charles V. Greening*

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Charles V. Greening*

Signed.....
Student Embalmer

Licensed Embalmer No. *4625*

P. O. Address *Meriso Md*

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.