

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 2528 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Blue		b. COUNTY Jackson	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City - 3258	
d. FULL NAME OF HOSPITAL OR INSTITUTION 40 Highway & Hardy Rd.		d. STREET ADDRESS (If rural, give location) 317 W. 13th St. /	

3. NAME OF DECEASED (Type or Print) a. (First) Bernice	b. (Middle)	c. (Last) Cauthorn	4. DATE OF DEATH (Month) (Day) (Year) Apr. 29, 1951
---	-------------	--------------------	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 5, 1903	9. AGE (In years last birthday) 47	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical work	11. BIRTHPLACE (State or foreign country) Oregon	12. CITIZEN OF WHAT COUNTRY? USA
---------------	------------------------	---	--------------------------------	------------------------------------	--	--	----------------------------------

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE none
----------------------------	-----------------------------------	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	16. SOCIAL SECURITY NO. 95 03 7819	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret L. Davidson Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stroke &amp; Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>fractured skull</i> DUE TO (c) <i>subdural hemorrhage</i>		68124 25

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>on way</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jackson</i> <i>Jaco</i>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <i>4-29-51 8:35</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>struck by car</i>
---	---	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *8:35P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Geo C. Healy, Jr. Deputy Coroner</i>	23b. ADDRESS <i>4058 Broadway, St. Louis</i>	23c. DATE SIGNED <i>5-1-51</i>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>May 3, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Salem Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Jackson County, Mo.</i>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <i>May 2-1951</i>	REGISTRAR'S SIGNATURE <i>Wm. G. ...</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Geo. C. Healy, Jr.</i>	ADDRESS <i>Independence, Mo.</i>
--	---	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 17 RECD

---

---

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..... *La Vega E Brown*

Licensed Embalmer No. *4794*

P. O. Address *Independence 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.