

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27779

State File No.

FILED SEP 7 1951

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Perry Co. Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ashley</u> b. (Middle) <u>J.</u> c. (Last) <u>McCauley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 1 1872</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cabinet Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Perry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
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13a. FATHER'S NAME <u>Robert McCauley</u>		13b. MOTHER'S MAIDEN NAME <u>Malessa McBride</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Hoss McCauley</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-05-7684</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julia McCauley Perryville Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medical Certification</u> <u>Cardio-vascular renal disease 2-4 yrs</u>		INTERVAL BETWEEN ONSET AND 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 Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>442x</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			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 March 20, 1950 to Aug 17, 1951, that I last saw the deceased alive on Aug 17, 1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Perryville Mo.</u>		23c. DATE SIGNED <u>8-19-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 19 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>		24d. LOCATION (City/town, or county) (State) <u>Perryville Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 22-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>250</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 6 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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 Walter Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.