

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32658

State File No.

FILED NOV 5 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1106

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>	c. LENGTH OF STAY (in this place) <p style="text-align: center;">14 days</p>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Missouri Methodist Hospital</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">2137 S. 11th St.</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>H.</u> c. (Last) <u>McCauley</u>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">October 25, 1951</p>		
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>June 16, 1886</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1-YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Jacob McCauley</u>	13b. MOTHER'S MAIDEN NAME <u>Pernecia Yates</u>	14. NAME OF HUSBAND OR WIFE <u>Cynthia I. McCauley</u>
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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Robert McCauley, 2137 S. 11th St. Joseph.</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>10-21-51</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-Vascular accident (haemorrhage - complete paralysis)</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertention, Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerotic General</u>		<u>?</u> <u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophied Prostate</u>			<u>?</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		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)	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 1-12, 1951, to 10-25, 1951, that I last saw the deceased alive on 10-25, 1951, and that death occurred at 2:00P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm B Root</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>510 Carly Bldg</u>	23c. DATE SIGNED <u>10-26-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10/27/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sparks Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buchanan County, Missouri</u>

DATE REC'D BY LOCAL REG. <u>Nov. 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl E. Casst</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heston-Bowman Funeral Home</u>	ADDRESS <u>St Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

James R. Hawkins

Signed
Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 319 South 10th St.

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.