

STANDARD CERTIFICATE OF DEATH

State File No. 1970

FILED FEB 14 1952 REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 13

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

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| 1. PLACE OF DEATH a. COUNTY MCDONALD | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MCDONALD | |
| b. CITY (If outside corporate limits, write RURAL and give town) PINEVILLE | | c. CITY (If outside corporate limits, write RURAL and give township) PINEVILLE | |
| c. LENGTH OF STAY (in this place) 3 YRS | | d. STREET ADDRESS (If rural, give location) 0600 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION NONE | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ANN | | b. (Middle) - ALICE | c. (Last) - CAUGHEY |
| 4. DATE OF DEATH (Month) (Day) (Year) 2-2-1952 | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M. | 8. DATE OF BIRTH 11-14-1864 |
| 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months 3 Days 18 | IF UNDER 2 WKS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY SAME | 11. BIRTHPLACE (State or foreign country) BLACKBURN-ENGLAND |
| 12. CITIZEN OF WHAT COUNTRY? ENGLAND | | | |
| 13a. FATHER'S NAME C. FISHER | | 13b. MOTHER'S MAIDEN NAME ZILLAH-SMITH | 14. NAME OF HUSBAND OR WIFE J. B. CAUGHEY |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME Alice Kern, Pineville, MO. ADDRESS MO. |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease | | INTERVAL BETWEEN ONSET AND DEATH ? | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis | | | |
| DUE TO (c) Senility | | | |
| 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 4500 | 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) (Min.) | 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 Aug 7 , 19 51 , to Feb 2 , 19 52 , that I last saw the deceased alive on Feb 2 , 19 52 , and that death occurred at LOOP m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Dr. Bussard (Degree or title) | | 23b. ADDRESS Pineville, MO | 23c. DATE SIGNED 2/9/52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 2-5-52 | 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL-PARK OKLAHOMA CITY-OKLA. | 24d. LOCATION (City, town, or county) (State) |
| DATE REC'D BY LOCAL REG.C. 2-5-52 | REGISTRAR'S SIGNATURE Dr. M. Humphrey | 25. FUNERAL DIRECTOR'S SIGNATURE Dr. M. Humphrey ADDRESS Pineville, MO | |

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.