

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1952

CITY NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>AUDRAIN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MEXICO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MEXICO</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>509 East TROMENADE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>509 EAST TROMENADE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARGARET</b> b. (Middle) <b>F.</b> c. (Last) <b>CAVE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 1-52</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV 3 - 1868</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	11. BIRTHPLACE (State or foreign country) <b>ILLINOIS</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <b>SAMUEL FRENCH</b>	
13b. MOTHER'S MAIDEN NAME <b>JULIA WARD</b>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE AND NAME <b>MRS. B. TURNER WILLIAMS - Mexico, Mo.</b>	
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	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
ANTECEDENT CAUSES		
DUE TO (b) <b>unknown</b>		
DUE TO (c) <b>unknown</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ascites abdominal cavity</b>		<b>4 yrs</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	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?
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22. I hereby certify that I attended the deceased from **6-1, 1951** to **6-1, 1952**, that I last saw the deceased alive on **6-1, 1952**, and that death occurred at **10:28 m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ernest S. Yantl. M.D.</b> (Degree or title)	23b. ADDRESS <b>Mexico, Mo.</b>	23c. DATE SIGNED <b>6-2-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-3-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>MEXICO, MO.</b>
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DATE REC'D BY LOCAL REG. <b>June-3-1952</b>	REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas Arnold, Jr.</b>	ADDRESS <b>Mexico Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0-4-52

**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

*Charles V. Keering*

Licensed Embalmer No. *4625*

P. O. Address *Mississauga*

**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.