

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19790**
Registrar's No. **92**

RUE JUN 25 1952

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4100**

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN STRASBURG		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) EN ROUTE		d. STREET ADDRESS (If rural, give location) 8800 INDIANA AVENUE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print): a. (First) ALBERT b. (Middle) Leigh c. (Last) McCAULEY			4. DATE OF DEATH (Month) (Day) (Year) JUNE-13-1952		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 19, 1926		9. AGE (In years last birthday) 26		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY Own Business		11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME THOMAS McCAULEY			
13b. MOTHER'S MAIDEN NAME Beverly Levens		14. NAME OF HUSBAND OR WIFE ROSEMARY McCAULEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 495-20-9694		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS R.F. McC... 8800 Indiana	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRacture BASE, SKULL - FRacture RT. MANDIBLE		ANTECEDENT CAUSES		DUE TO (b) _____	
*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 (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Compound FRacture RT. Tibia & Fibula		Conditions contributing to the death but not related to the disease or condition causing death MULTIPLE CONTUSIONS -			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STRASBURG MO		21c. (CITY, TOWN, OR TOWNSHIP) STRASBURG (COUNTY) CASS (STATE) MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 13 1952 10:57 AM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? TRAIN STRUCK HIS TRUCK	

22. I hereby certify that I attended the deceased from **2**, 19**52**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:57 AM**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Barrin MD (Coroner)		23b. ADDRESS Harrisonville, MO		23c. DATE SIGNED June 13, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 16 1952		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE A. W. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO	
DATE REC'D BY LOCAL REG. June 15, 1952		REGISTRAR'S SIGNATURE Dora Barrard		457-9	

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

0190
9

AUG 1 1952

AUG 12 1952

DEC 9 1 1952

RECEIVED
JUN 21 1952
CASS COUNTY
HEALTH DEPARTMENT

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 Fasil V. Honey

Licensed Embalmer No. 47248

P. O. Address Shelburne, 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.