

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23820

State File No.

FILED AUG 13 1952

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5139 Registrar's No. 13

1140
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural New Bloomfield</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural New Bloom Field Mo</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi. S.E. New Bloom Field</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. S.E. New Bloomfield</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMETT</u>	b. (Middle)	c. (Last) <u>Cave</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 - 52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Neuro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov-10 -1888</u>	9. AGE (in years) (last birthday) <u>63</u>	IF UNDER 1 YEAR Days <u>8</u>	IF UNDER 24 HRS. Hours <u>26</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jasper Cave</u>	13b. MOTHER'S MAIDEN NAME <u>ANNIE Slaughter</u>	14. NAME OF HUSBAND OR WIFE <u>MAE-Cave</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>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Emma Cave New Bloomfield</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>was found dead in field</u> Evidently some sort of heart failure, was calling wood. out of tall corn. DUE TO (b) <u>with hole</u>		
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 <u>4343</u>	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>Callaway Co. Callaway Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 6 1952 1:30 P.M.</u>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Barrett</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Tullahoma Mo</u>	23c. DATE SIGNED <u>8/6/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug-5-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Tebbetts Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 6 - 52</u>	REGISTRAR'S SIGNATURE <u>LeRoy Clump</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Holt Claypool</u>	ADDRESS <u>New Bloomfield</u>
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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 Le Roy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield

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.