

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 30 1952

BIRTH NO. _____ REG. DIST. NO. 214 PRIMARY REG. DIST. NO. 5782 Registrar's No. C3

3660
1

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

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Tuscumbea Coage?</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>3660 Tuscumbea Rural 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>Coage Farms</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u>		b. (Middle) <u>BRIGHT</u>		c. (Last) <u>CABY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 6, 1952</u>		5. SEX <u>0</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 6, 1899</u>		9. AGE (In years last birthday) Months Days <u>53</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cookville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm Henry Caby</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth McElroy</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha Caby</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Caby</u>		17. ADDRESS <u>Tuscumbea, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>Carcinoma of lungs, bronchi</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>genic.</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 Months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>162x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>March</u> , 19 <u>52</u> , to <u>Sept</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 6</u> , 19 <u>52</u> , and that death occurred at <u>11:30 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. E. Humphrey, D.O.</u>		23b. ADDRESS <u>Tuscumbea, Mo.</u>		23c. DATE SIGNED <u>9-9-52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 9, 1952</u>		24c. NAME OF SEMETERY OR CREMATORY <u>Tuscumbea</u>	
24d. LOCATION (City, town, or county) (State) <u>Tuscumbea Mo.</u>		DATE REC'D BY LOCAL REG. <u>9-18 1952</u>		REGISTRAR'S SIGNATURE <u>John G. Schweitzerman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>		ADDRESS <u>Coage</u>			

RECEIVED
MAY 11 1937

STATE BOARD OF 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 Louis A. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.