

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37382**

FILED OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield Rural	
c. LENGTH OF STAY (in this place) 47 yr		d. STREET ADDRESS (If rural, give location) Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 2			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Lawrence c. (Last) Cagle			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1952		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH May 25, 1888		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work comprising most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Wm. H. Cagle		13b. MOTHER'S MAIDEN NAME Lucetta Ann Cagle		14. NAME OF HUSBAND OR WIFE deceased	
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. XX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence Cagle Bloomfield, Mo. R. 2	

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) Cerebral hemorrhage		DUPLICATE		1 da	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 331X		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 9-20, 1952, to 10-12, 1952, that I last saw the deceased alive on 10-11, 1952, and that death occurred at 10:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) S. S. Davis M.D.		23b. ADDRESS Wester Mo.		23c. DATE SIGNED 10/15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-14-52		24c. NAME OF CEMETERY OR CREMATORY George cemetery	
24d. LOCATION (City, town, or county) (State) Bloomfield, Mo. R. 2					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Oct. 17, 1952		REGISTRAR'S SIGNATURE Rose Webber		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Serv. Bloomfield;	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Walter Marsh Watkins

Licensed Embalmer No. 18717

P. O. Address Septon 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.