

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - VanBuren Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Van Buren Twp</u>	
c. LENGTH OF STAY (in this place) <u>62 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3 Micaest - Lone Jack 7000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi N.E. Lone Jack</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elmer</u> b. (Middle) <u>Charles</u> c. (Last) <u>Cave</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1903</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 17-1891</u>
9. AGE (in years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work, denoting most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Lone Jack Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Henry Cave</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Hunt</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Cave</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Cave Lone Jack Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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 _____		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) <u>4201</u>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Wilcox MD</u>		23b. ADDRESS <u>Oak Grove Mo</u>		23c. DATE SIGNED <u>4-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/17/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack</u>	
24d. LOCATION (City, town, or county) (State) <u>Lone Jack Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Langford</u>		ADDRESS <u>Leis Summit Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-17-53</u>		REGISTRAR'S SIGNATURE <u>W.B. Langford</u>			

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

MS
SEP 14 1980

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 W B Longford
Licensed Embalmer No. 3233
P. O. Address Leis Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.