

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17076**

FILED MAY 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>572</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan 0117,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan 0110</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Washington Twp. /</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1724 Calhoun</u>				d. STREET ADDRESS (If rural, give location) <u>S.E. of St. Joseph on Highway #169</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>J.</u> c. (Last) <u>Cahill</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1953</u>				
5. SEX <u>male 0</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>July 14, 1895</u>	
				9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>57</u>	IF UNDER 24 HRS. Hours <u>57</u> Min.
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>farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Henry Cahill</u>			13b. MOTHER'S MAIDEN NAME <u>Lorena Waller</u>		14. NAME OF HUSBAND OR WIFE <u>Lettie</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lorena Cahill, 1724 Calhoun, St. Joseph, 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 Artery Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>					<u>5 years</u>
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					
19a. DATE OF OPERATION <u>Oct 15, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Abdominal Aortic Aneurysm</u>				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) _____		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>Aug 18, 1952</u> to <u>May 12, 1953</u> , that I last saw the deceased alive on <u>May 11, 1953</u> , and that death occurred at <u>4:00 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John R. McDaniel MD</u> (Degree or title)				23b. ADDRESS <u>902 Edmond St. St. Joseph, Mo</u>		23c. DATE SIGNED <u>May 13, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5/15/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>May 20, 1953</u>		REGISTRAR'S SIGNATURE <u>Evelyn M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wheaton-Bowman Funeral Home St. Joseph Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

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

J. J. Hawkins

Licensed Embalmer No. 4535

P. O. Address 319 E 10th St. J.

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.