

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

or blank
17797
State File No. _____
Registrar's No. 76

FILED JUN 2 1953

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 5480		Registrar's No. 76	
1. PLACE OF DEATH a. COUNTY Grundy 0400				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy 0400			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Trenton (Rural) Trenton (Rural))		c. LENGTH OF STAY (in this place) 63 years		c. CITY (If outside corporate limits, write RURAL and give township) Trenton (Rural)		d. STREET ADDRESS (If rural, give location) Route # 2	
3. NAME OF DECEASED (Type or Print) Homer Caywood			4. DATE OF DEATH April 15, 1953				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-19-53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Gault, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frazier Caywood		13b. MOTHER'S MAIDEN NAME Sarah Williams		14. NAME OF HUSBAND OR WIFE Etta Stuart Caywood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Etta Caywood, Trenton, Mo. ADDRESS _____			
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) Acute coronary Thrombosis ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis (Generalized) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				INTERVAL BETWEEN ONSET AND DEATH 30 minutes 5 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: 4201				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 Feb 1952, to April 15, 1953, that I last saw the deceased alive on April 15, 1953, and that death occurred at 10:55P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. L. Clark M.D.				23b. ADDRESS Trenton, Missouri		23c. DATE SIGNED 4-17-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-53		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) Trenton, Missouri	
DATE REC'D BY LOCAL REG. 4-19-53		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE Gipson-Oyler		ADDRESS Trenton, Missouri	

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

JUN 16 1954

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 Maurice Ogler
Licensed Embalmer No. 14442
P. O. Address Trinton, 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.