No. 300
10.48

FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21967

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 22

0500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HILLSBORO Mo, CENTRAL TOWNSHIP
c. LENGTH OF STAY (in this place): 3 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CEDAR GROVE HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: JEFFERSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.R. IMPERIAL Mo ROCK TOWNSHIP
d. STREET ADDRESS (If rural, give location): IMPERIAL Mo 0500 0

3. NAME OF DECEASED (Type or Print)
a. (First): EVELYN
b. (Middle): CAUDLE
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): JUNE 11. 1953

5. SEX: F 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 1866
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIL
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK
11. BIRTHPLACE (State or foreign country): ELLIS GROVE ILL. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: ABIJA LEAVITT
13b. MOTHER'S MAIDEN NAME: NARCISSA BARKER
14. NAME OF HUSBAND OR WIFE: WM. CAUDLE, DECEASED.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. WM. SCHMIDT — ADDRESS: IMPERIAL Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chr. Myocarditis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arterio Sclerosis
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☐ NO ☑

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): Imperial Jefferson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19__ *to* 6/11, 1953 *that I last saw the deceased alive on* 6/10, 1953 *and that death occurred at* 6 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O Reich Mo
23b. ADDRESS: Imperial Mo
23c. DATE SIGNED: 6/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 13. 53.
24c. NAME OF CEMETERY OR CREMATORY: RAUSCHENBACH CEM.
24d. LOCATION (City, town, or county) (State): IMPERIAL Mo

DATE REC'D BY LOCAL REG.: 6-13-53
REGISTRAR'S SIGNATURE: Kathleen Marsden 141-0
25. FUNERAL DIRECTOR'S SIGNATURE: HEILIGTAG FUNERAL HOME — ADDRESS: IMPERIAL Mo

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUN 23 1963

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 Arthur W. Hulizter

Licensed Embalmer No. 3872

P. O. Address Imperial 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.