

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6186 44913

FILED JAN 4 1954

6193 State File No. 6193

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4077		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Taney		b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Bradleyville		c. LENGTH OF STAY (In this place)		a. STATE Missouri b. COUNTY Taney	
d. FULL NAME OF HOSPITAL OR INSTITUTION Beane & Lutz				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bradleyville, 1060			
d. STREET ADDRESS (If rural, give location) 8				4. DATE OF DEATH (Month) (Day) (Year) 12-25-53			
3. NAME OF DECEASED (Type or Print)		a. (First) Lucy		b. (Middle)		c. (Last) Caudle	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-29-69	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 11 Wks. Days		IF UNDER 11 Wks. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Phillip Roller		13b. MOTHER'S MAIDEN NAME Rose Anna Bledsoe		14. NAME OF HUSBAND OR WIFE J. C. Caudle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. C. Caudle, Bradleyville, Mo.			
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) Uremic Coma		ANTECEDENT CAUSES Chronic Nephritis				3 Days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis				6 yrs	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cardio-Renal Syndrome				6 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X				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 3-18, 1950, to 12-25, 1953, that I last saw the deceased alive on 12-28, 1953, and that death occurred at 5:55 A.M. from the causes and on the date stated above.							
23a. SIGNATURE M. C. Denton (Degree or title) M.D.		23b. ADDRESS Ava, Mo.		23c. DATE SIGNED 1			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-53		24c. NAME OF CEMETERY OR CREMATORY Patterson		24d. LOCATION (City, town, or county) (State) Bradleyville, Missouri	
DATE REC'D BY LOCAL REG. 12/29/53		REGISTRAR'S SIGNATURE J. C. Loggins 376-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

1060

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 *Chester A Roof*.....

Licensed Embalmer No. *3044*.....

P. O. Address *Ara ms*.....

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.