

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5298**

BIRTH NO. **FILED MAR 15 1954** REG. DIST. NO. **164** PRIMARY REG. DIST. NO. **3032** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
c. LENGTH OF STAY (In this place) 43 Yrs.		d. STREET ADDRESS (If rural, give location) 706 South College Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 706 South College St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Virgil	b. (Middle) Baxter	c. (Last) Kavanaugh	4. DATE OF DEATH (Month) (Day) (Year) March 5, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 12, 1886	9. AGE (In years) (If under 1 year: Months) (If under 2 hrs. Hours) (Min.) 67
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Painter	10b. KIND OF BUSINESS OR INDUSTRY Building Painter	11. BIRTHPLACE (State or foreign country) Johnson County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME C.B. Kavanaugh	13b. MOTHER'S MAIDEN NAME Willie A. Rudolph	14. NAME OF HUSBAND OR WIFE Mattie D. Kavanaugh
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-12-6867	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. V. B. Kavanaugh, Warrensburg, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction	INTERVAL BETWEEN ONSET AND DEATH Immediate
	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"/>
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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) Warrensburg, Missouri
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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?
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22. I hereby certify that I attended the deceased from **1-4-1954**, to **3-1-1954**, that I last saw the deceased alive on **2-3-1954** and that death occurred at **2 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Warrensburg, Mo.	23c. DATE SIGNED March 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
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DATE REC'D BY LOCAL REG Mar. 5, 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Sweeney Phillips, Warrensburg, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1954

MAR 17 1954

RECEIVED
MAR 8 1954
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. Earl Priest*
Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

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.