No. 300
10-48

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MAR 1 1954

FILED MAR 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5746

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 321

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCormick Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 0883 0
d. STREET ADDRESS (If rural, give location): 804 W. Rollins

3. NAME OF DECEASED (Type or Print)
a. (First): RAY
b. (Middle): E
c. (Last): CAWTHON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18th, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Aug. 17th, 1887
9. AGE (In years at last birthday): 66 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Water Service Rtd.
10b. KIND OF BUSINESS OR INDUSTRY: Wabash R.R.
11. BIRTHPLACE (City and State or Foreign Country): Illinois /
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Edward Cawthon
13b. MOTHER'S MAIDEN NAME: Sidney Wilmoth
14. NAME OF HUSBAND OR WIFE: Helen

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.: 702-05-6730
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Helen Cawthon, Moberly, 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) Coronary Occulusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decompensating heart — Months
DUE TO (c) Heart block — Months

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 4201
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)

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* 2-14, 1954, *to* 2-17, 1954, *that I last saw the deceased alive on* 2-17, 1954, *and that death occurred at* 1:56 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. W. H. McCormick D.O.
23b. ADDRESS
23c. DATE SIGNED: 2-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-20th-54
24c. NAME OF CEMETERY OR CREMATORY: Griggsville
24d. LOCATION (City, town, or county) (State): Griggsville, Ill.

DATE REC'D BY LOCAL REG.: 2-20-54
REGISTRAR'S SIGNATURE: Leah Williams Lowe 210-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Mahan and Son, Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Frank D De Nito

Licensed Embalmer No. 3021

P. O. Address Newburyport Mass

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.