

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16746**

FILED JUN 14 1954

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry													
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (In this place) 10 hrs.		c. CITY OR TOWN Albany		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				e. STREET ADDRESS (If rural, give location) 03801													
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) FRANKLIN		c. (Last) CAUDELL		4. DATE OF DEATH (Month) (Day) (Year) 6 9 54										
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7/18/74		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Livestock salesman -retired				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Wilson Co., Kansas				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Sampson Caudell				13b. MOTHER'S MAIDEN NAME Ellen				14. NAME OF HUSBAND OR WIFE Unknown				14. NAME OF HUSBAND OR WIFE Gertie May Branham Caudell					
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. none				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. F. Caudell, Albany, 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) Carcinoma of Cecum -										4-6 wks.					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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. Acidosis & Cardiac Decomp										3 days					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X										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 <u>June 8, 1954</u> , to <u>June 9, 1954</u> , that I last saw the deceased alive on <u>June 8, 1954</u> , and that death occurred at <u>1:45A</u> m., from the causes and on the date stated above.																	
23a. SIGNATURE M. D.				(Degree or title)				23b. ADDRESS Maryville, Missouri				23c. DATE SIGNED 6/9/54					
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6/9/54		24c. NAME OF CEMETERY OR CREMATORY Grandview				24d. LOCATION (City, town, or county) (State) Albany, Missouri									
DATE REC'D BY LOCAL REG. 6-12-54		REGISTRAR'S SIGNATURE Ben Holt				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.											

(Licensed Embalmer's Statement on Reverse Side)

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

01/10/00

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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.....
Signature of Student Embalmer

Signed *Clem M. Price*

Licensed Embalmer No. *182*

P. O. Address *Maryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.