

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **19733**

FILED JUL 6 1954

Registrar's No. **10**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **4349**

1. PLACE OF DEATH a. COUNTY <b>Morgan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>	
b. CITY OR TOWN <b>Stover</b>		b. COUNTY <b>Morgan</b>	
c. LENGTH OF STAY (in this place) <b>3 years</b>		c. CITY OR TOWN <b>Stover</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Stover, Mo.</b>		4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>None</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Edgar</b>	b. (Middle)	c. (Last) <b>Cahoy</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 30 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 14, 1881</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>16</b>	IF UNDER 12 HRS. Days <b>16</b>	Hours <b>16</b>	Min. <b>16</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lawsan Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Cahoy</b>	13b. MOTHER'S MAIDEN NAME <b>Rosa Lee Quillen</b>	14. NAME OF HUSBAND OR WIFE <b>Zella Cahoy</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>500-12 8494</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Zella Cahoy Stover, Md.</b>	ADDRESS <b>Stover, Md.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of prostate</b>		
	DUE TO (c) <b>Hypertensive heart disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>8 years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>177X</b>	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)
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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 **Aug. 54**, 19**54**, to **June 30, 1954**, that I last saw the deceased alive on **June 29, 1954**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Jack Gunn M.D.</b>	23b. ADDRESS <b>Versailles, Mo.</b>	23c. DATE SIGNED <b>7.1.54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 2, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stover Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stover Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 3 1954</b>	REGISTRAR'S SIGNATURE <b>Frank R. Spurgeon</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Frank R. Spurgeon</b>	ADDRESS <b>Versailles, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48  
2710

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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 *James P. Scrimmer*

Licensed Embalmer No. *4880*

P. O. Address *Wauville, Me*

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.