

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40225

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5126</u>		Registrar's No. <u>1370</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY OR TOWN <u>Faucett Crawford Twsp</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY OR TOWN <u>Faucett</u>		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 <u>Faucett, Mo</u>				No. STREET ADDRESS (If rural, give location) <u>Faucett, Mo</u> 01100				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTIE</u>			b. (Middle) <u>LEE</u>		c. (Last) <u>MC CAULEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Apr. 4, 1877</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Cawley</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Bass</u>		14. NAME OF HUSBAND OR WIFE <u>BHughi Mc Cauley</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Beatrice Brantley Faucett, Mo.</u>				
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) <u>Carcinomatosis</u>				DUE TO (b) <u>Carcinoma left breast</u>			<u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____			<u>Ukn.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>170 X</u>				
19a. DATE OF OPERATION <u>9-7-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ellis Fischel State Cancer Hospital</u> <u>Left radical mastectomy performed.</u>				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) _____		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>8-4-</u> , 19 <u>54</u> , to <u>12-28</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-28</u> , 19 <u>54</u> , and that death occurred at <u>5:30p m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Martin A. Christ, M.D.</u>				23b. ADDRESS <u>Physicians & Surgeons Bldg.</u> <u>St. Joseph, Missouri</u>				DATE SIGNED <u>12/29/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 30, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Halleck Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Buchanan County, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan 4, 1955</u>		REGISTRAR'S SIGNATURE <u>Forbes M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark</u>		ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>		

(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.....
Signature of Student Embalmer

Signed.....
E. A. Clark

Licensed Embalmer No. 42

P. O. Address *St. Louis*

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.