

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42018**

FILED JAN 10 1955

BIRTH NO. **90061-54** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3006** Registrar's No. **291**

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY OR TOWN Moberly		c. CITY OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick		STREET ADDRESS (If rural, give location) 310 No Williams	
3. NAME OF DECEASED a. (First) Timothy		b. (Middle) S	
c. (Last) McCawley		4. DATE OF DEATH (Month) (Day) (Year) Dec. 28th 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> MARRIED		8. DATE OF BIRTH Dec. 26-1954	
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <input checked="" type="checkbox"/>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	
11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Lloyd A. McCawley		13b. MOTHER'S MAIDEN NAME Margaret V. Dai Prai	
14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME Lloyd A. Dai Prai		ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningeal Irritation in Utero DUE TO (c) Mal position of baby in utero 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 7730	
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) (Minute)		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 Dec 26, 1954 , to Dec 28, 1954 , that I last saw the deceased alive on Dec 28, 1954 , and that death occurred at 6:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Deputy or Title) D. Johnston M.D.		23b. ADDRESS 222 1/2 W Reed St Moberly Mo.	
23c. DATE SIGNED 12/30/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-28-54	
24c. NAME OF CEMETERY OR CREMATORY Sunost M Gardens		24d. LOCATION (City, town, or county) (State) Moberly, Mo	
DATE REC'D BY LOCAL REG. 12-28-54		REGISTRAR'S SIGNATURE Lea Louise	
25. FUNERAL DIRECTOR'S SIGNATURE Mahon and Son		ADDRESS Moberly, Mo	

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.. *Not Embalmed*

Student.....
Signature of Student Embalmer

Signed *Frank D. Witt*

Licensed Embalmer No. *302*

P. O. Address *Moberly, Mo.*

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.