

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1484**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>WEBB CITY</u>		c. CITY OR TOWN <u>WEBB CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		STREET ADDRESS (If rural, give location) <u>607 SOUTH HALL</u> <u>04920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 SOUTH HALL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>		b. (Middle)	c. (Last) <u>CAUGHRON</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 25 1955</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 17, 1890</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR <u>10</u> Months	IF UNDER 24 HRS. <u>8</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILLNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MILL MAN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>JOSEPH NASH CAUGHRON</u>	13b. MOTHER'S MAIDEN NAME <u>LILLY E. BLENNERHASSETTE</u>	14. NAME OF HUSBAND OR WIFE <u>LULA DAY CAUGHRON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>496-07-4806</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LULA DAY CAUGHRON</u> ADDRESS <u>WEBB CITY, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>atherosclerosis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		10 days	
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		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)	<u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>did not attend</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-22-55</u> , and that death occurred at <u>11:00 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>R. K. Saylor</u> (Degree or title) <u>O.M.D.</u>		23b. ADDRESS <u>725 Kaiser Bldg Joplin Mo</u>	23c. DATE SIGNED <u>1/27/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-28-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WEBB CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>WEBB CITY MO</u>
DATE REC'D BY LOCAL REG. <u>1-27-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE-LEWIS FUNERAL HOME</u> ADDRESS <u>WEBB CITY, MO</u>	

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

County File Number 20-1-05
Date Filed FEB 1 1955

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 *Richard Gray Lewis*.....

Licensed Embalmer No. 440

P. O. Address *Webb*.....

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.