

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14670

State File No.

FILED JUN 13 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 562

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>50 yrs</u>	c. CITY OR TOWN <u>St. Joseph</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>2705 Lafayette St. Wyatt Park Nursing Home</u>			f. STREET ADDRESS (If rural, give location) <u>6015 King Hill Ave</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Flora</u> b. (Middle) <u>Lydia</u> c. (Last) <u>Caraway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 3, 1881</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 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>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Doniphan County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Karl G. Peuker</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Schilk</u>		14. NAME OF HUSBAND OR WIFE <u>Warren E. Caraway</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>Mrs. R. H. Kretschmar St. Joseph, Mo.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left lung with metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unk.</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia and debility</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163 X</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) 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>6/29, 1953</u> , to <u>5/31, 1955</u> , that I last saw the deceased alive on <u>5/30, 1955</u> , and that death occurred at <u>9:15P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D.</u>			23b. ADDRESS <u>2801 Sacramento St. Joseph, Mo.</u>		23c. DATE SIGNED <u>6/2/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 3, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Atchison, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>June 8, 1955</u>	REGISTRAR'S SIGNATURE <u>Catherine M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alison Meierhoffer-Faleman Ave. 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 emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Raymond H. March*.....

Licensed Embalmer No. 4413

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.