

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14710**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **520**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Buchanan.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) Lifetime	c. CITY OR TOWN Faucett	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> EX
d. FULL NAME OF HOSPITAL OR INSTITUTION 3225 South 11th St. Parkview Sunnyslope Nursing Home		e. STREET ADDRESS (If rural, give location) R # 1	0110

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Elizabeth c. (Last) McCauley			4. DATE OF DEATH (Month) (Day) (Year) May 19, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 18, 1867	9. AGE (In years last birthday) 87	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W. Hollingsworth	13b. MOTHER'S MAIDEN NAME Catherine Ellison	14. NAME OF HUSBAND OR WIFE Alexander McCauley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Newell A. McCauley Faucett, Missouri.	
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 36 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) H91XF		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Surgical Neck Fracture Left Femur		48 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XX
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Theront Twp. Buchanan Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 8, 1955 1:30P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped and fell in kitchen.
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22. I hereby certify that I attended the deceased from **March 6, 1955**, to **May 19, 1955**, that I last saw the deceased alive on **May 17, 1955**, and that death occurred at **9:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter E. Criddle, D.O.	23b. ADDRESS Gower, Missouri	23c. DATE SIGNED 5/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Sparta Cemetery	24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri.
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DATE REC'D BY LOCAL REG. May 27, 1955	REGISTRAR'S SIGNATURE Catherine M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 485 Michener-Flanagan St. Joseph, Mo.
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(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.....
Raymond W. Marcher

Licensed Embalmer No...4413.1

P. O. Address...St. Joseph, I

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.