THE DIVISION OF HEALTH OF MISSOURI

FILED JUN 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. 19683

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Leonard Wood
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Army Hospital, Ft. Leonard Wood, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Indiana
b. COUNTY: Howard
c. CITY OR TOWN: Kokomo
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1303 Scott Avenue

8 13 0 8

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	----	Cagley	June 7, 1955

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cau	Widowed	January 1, 1874	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Indiana	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Deceased	Deceased	Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS
No	----	Unknown	C.B. Milligan, Major, MSC, Ft. Leonard Wood, Mo. US Army Hospital

MEDICAL CERTIFICATION

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.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Adenocarcinoma of gall bladder with metastases to liver, omentum, parietal and visceral peritoneum.	4 months
ANTECEDENT CAUSES. *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) None	
	DUE TO (c) None	
II. OTHER SIGNIFICANT CONDITIONS. *Conditions contributing to the death but not related to the disease or condition causing death.*	Pulmonary, Emphysema and edema, Arterial heart disease, Nephrosclerosis	

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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

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	21f. HOW DID INJURY OCCUR?
---- m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* June 7, 1955, *to* June 7, 1955, *that I last saw the deceased alive on* June 7, 1955, *and that death occurred at* 11:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Anthony J. Telego, Captain, MC	US Army Hospital, Ft. Leonard Wood, Mo.	8 June 1955

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removl	6/9/55	Crown Point Cemetery	Kokomo, Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
6-8-55	458 Elsie Mae Anderson	Walter [illegible]	Crocker, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-8-55
Cowlesh County Health Officer
File Number
Date Filed 6-11-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4265

P. O. Address Iberia, Mis

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