

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41178**

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5621 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina (Rural)	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 3 Mi. West of Edina	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Mi. West of Edina			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) IGNATIUS c. (Last) MCCAULEY			4. DATE OF DEATH (Month) (Day) (Year) Dec. 29 1955			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-23-1901	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Peter McCauley		13b. MOTHER'S MAIDEN NAME Mary Riley		14. NAME OF HUSBAND OR WIFE Grace (Pettitt) McCauley	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 496-14-0203	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace McCauley Edina, Mo.		
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic diffuse glomerulonephritis		INTERVAL BETWEEN ONSET AND DEATH About 10 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 592X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May, 1955, to Dec. 29, 1955, that I last saw the deceased alive on Dec. 28, 1955, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Francis Janydor M.D.	23b. ADDRESS Edina Missouri	23c. DATE SIGNED Dec. 30, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-31-1955	24c. NAME OF CEMETERY OR CREMATORY St. Josephs New Cath.	24d. LOCATION (City, town, or county) (State) Edina Missouri
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DATE REC'D BY LOCAL REG. Dec. 30-55	REGISTRAR'S SIGNATURE Helle S. Hunsolt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Krieger Edina Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 22 1958

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
Student Embalmer

Signed Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina 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 this body is not embalmed, fact should be so stated above.