No. 300
10-48

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8209

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 361

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph,
c. LENGTH OF STAY (in this place) 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt #2 Washington Twsy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Rt #2 0110

3. NAME OF DECEASED (Type or Print)
a. (First) Wesley
b. (Middle) Leonard
c. (Last) McCauley

4. DATE OF DEATH (Month) Mar (Day) 28 (Year) 1956

5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 7, 1883
9. AGE (In years last birthday) 72 — 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) Contracting
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (City and State or Foreign Country) Red Oak, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William T. McCauley
13b. MOTHER'S MAIDEN NAME Malinda Egge
14. NAME OF HUSBAND OR WIFE Addie McCauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Spanish Am. Vet
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Addie McCauley **ADDRESS** St. Joseph, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: one day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — not sure
DUE TO (c) Mitral murmur — not sure

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 331X
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 27, 1956, *to* March 28, 1956, *that I last saw the deceased alive on* March 27 1956, *and that death occurred at* 4:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Collis Roundy (Degree or title) MD
23b. ADDRESS Kerrigan Trick City Bldg.
23c. DATE SIGNED March 28-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment
24b. DATE Mar 30, 1956
24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery
24d. LOCATION (City, town, or county) St. Joseph, Mo. (State)

DATE REC'D BY LOCAL REG. Apr 2, 1956
REGISTRAR'S SIGNATURE Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE John E. Kupp **ADDRESS** St. Joseph

(Licensed Embalmer's Statement on Reverse Side)

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

-5-0

APR 10 1956

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 Allin C. Bazar

Licensed Embalmer No. 479

P. O. Address St Joseph,

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