

12377

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 7 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 477

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. CITY OR TOWN DeKalb

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Silvey Nursing Home  
214 Texas Ave.

e. STREET ADDRESS (If rural, give location) General Delivery 0110

3. NAME OF DECEASED (Type or Print)  
a. (First) JAMES b. (Middle) WILLIAM c. (Last) CAWLEY

4. DATE OF DEATH (Month) (Day) (Year)  
April 23, 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 12, 1872

9. AGE (In years, months, days, hours, min.) 83

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and State or Foreign Country) Halleck, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jerimiah Cawley

13b. MOTHER'S MAIDEN NAME Lucinda Sherwood

14. NAME OF HUSBAND OR WIFE Bertha Cawley (de)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Grover Long, DeKalb, 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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic heart disease  
ANTECEDENT CAUSES Generalized arteriosclerosis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 yrs

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) DeKalb, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

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 12:30 P.M. to April 16, 1956, that I last saw the deceased alive on April 16, 1956, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Carpenter M.D.

23b. ADDRESS 902 Edmund St. City

23c. DATE SIGNED 4/25/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr. 25, '56

24c. NAME OF CEMETERY OR CREMATORY Halleck Cemetery

24d. LOCATION (City, town, or county) (State) Halleck, Missouri

DATE REC'D BY LOCAL REG. Apr 30, 1956 REGISTRAR'S SIGNATURE Bother M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John E. Rupp, St. Joseph, Mo.

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

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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..... *Alvin E. Boyan*

Licensed Embalmer No. *H.T.*

P. O. Address *St. Jago*

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