

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16468

State File No. \_\_\_\_\_

2262

FILED JUN 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <p align="center">Kansas</p>		b. COUNTY <p align="center">Wyandotte</p>	
b. CITY OR TOWN <p align="center">Kansas City</p>		c. LENGTH OF STAY (in this place) <p align="center">9 days</p>		c. CITY OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">St. Mary's Hospital</p>		STREET ADDRESS (If rural, give location) <p align="center">1323 So. 32nd St.</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) <p align="center">CHARLES</p>	a. (First)	b. (Middle) <p align="center">C.</p>	c. (Last) <p align="center">McCAULEY</p>	4. DATE OF DEATH (Month) (Day) (Year) <p align="center">5 22 1956</p>
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5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Widowed</p>	8. DATE OF BIRTH <p align="center">Nov. 12, 1881</p>	9. AGE (In years last birthday) <p align="center">74</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Plumber</p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Argentine Plumbing</p>	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Edina, Missouri</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">U. S. A.</p>
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13a. FATHER'S NAME <p align="center">Frank McCauley</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Martha Clark</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Nell McCauley</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <p align="center">No</p>	16. SOCIAL SECURITY NO. <p align="center">509-B2-7139</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Catharine McCauley</p>	ADDRESS <p align="center">1323 So. 32nd St.</p>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p align="center">Coronary Insufficiency</p> <p align="center">Heart Block</p> <p align="center">Stokes Adams Seizure</p>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <p align="center">Entered Hip Fracture</p>		42:01	
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 <p align="center">Premature Death not result of accident</p>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Hugh W. Owens</p>	(Degree or title) 3	23b. ADDRESS <p align="center">1034 Riverview Blvd</p>	23c. DATE SIGNED <p align="center">5-23-56</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Removal</p>	24b. DATE <p align="center">5-23-56</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Mt. Calvary Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Kansas City Kansas</p>
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DATE REC'D BY LOCAL REG. <p align="center">5-23-56</p>	REGISTRAR'S SIGNATURE <p align="center">Neva Minshall</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Melody-McGilley-Eylar</p>	ADDRESS <p align="center">1800 E. Linwood</p>
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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 *Melvin Bortman*

Licensed Embalmer No. *49*

P. O. Address *K.C.M.*

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.