

FILED JUN 12 1956

STANDARD CERTIFICATE OF DEATH

16391  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3639</u>		Registrar's No. <u>147</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>			
b. CITY OR TOWN <u>Marceline</u>		c. LENGTH OF STAY (in this place) <u>7da</u>		c. CITY OR TOWN <u>MBuckline,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R.1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>McCauslin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/8/1956</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>11/19/1881</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn, Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob McCauslin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Shepler</u>			14. NAME OF HUSBAND OR WIFE <u>Iona McCauslin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>709-18-4016</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Iona McCauslin, Bucklin, Mo</u> ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES 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. <u>Diabetes Mellitus</u> <u>Hypertension</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 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 <u>1949</u> to <u>6-8-1956</u> that I last saw the deceased alive on <u>6-8-1956</u> and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert L. ...</u>				23b. ADDRESS <u>Marceline, Mo 63956</u>		23c. DATE SIGNED	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>6/10/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-10-56</u>		REGISTRAR'S SIGNATURE <u>Mary J. Reigway</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. McCauslin</u> ADDRESS <u>Marceline, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

401  
0

9961 07 7003

9961 81 1007

**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 *George B. [Signature]*.....  
Licensed Embalmer No. *4429*.....  
P. O. Address *Hamlet, N.C.*.....

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.