

S. No. 300
V. 10.48

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26360

BIRTH NO.		REG. DIST. NO. 75	PRIMARY REG. DIST. NO. 3015	Registrar's No. 81
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Minnesota</u> b. COUNTY <u> </u>		
b. CITY OR TOWN <u>Cameron</u>	c. LENGTH OF STAY (in this place) <u>6 1/2 hr</u>	c. CITY OR TOWN <u>Minneapolis</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp</u>		e. STREET ADDRESS (If rural, give location) <u> </u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecelia</u> b. (Middle) <u>Maxine</u> c. (Last) <u>Kavanaugh</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11 56</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 1 - 55</u>	9. AGE (In years last birthday) <u>1 yr.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Minneapolis Minnesota</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Peter Charles Kavanaugh</u>		13b. MOTHER'S MAIDEN NAME <u>Joan Elinore ?</u>		14. NAME OF HUSBAND OR WIFE <u> </u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Tudor K.G. Mo.</u>
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple skull fractures</u> ANTECEDENT CAUSES DUE TO (b) <u>Auto accident</u> DUE TO (c) <u> </u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u> </u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u> </u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 69</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Highway 69 North DeKalb Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 11, 1956 5:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on collision of two cars</u>
22. I hereby certify that I attended the deceased from <u>7:30 PM 8-11-56</u> to <u>11:30 AM 8-11-56</u> that I last saw the deceased alive on <u>8-11-56</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree in title) <u>R. J. Compton M.D.</u>		23b. ADDRESS <u>1207 Cameron</u>		23c. DATE SIGNED <u>Aug 11-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Removal</u>
24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>				
DATE REC'D BY LOCAL REG. <u>8-20-56</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Poland Funeral Home Cameron</u>

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..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed *Robert J. Poland*

Licensed Embalmer No. *4722* ..
222 West 3rd St
P. O. Address *Cameron* ..

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.