

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26436

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

FILED AUG 22 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5376 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>DeKalb, Grand River</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>Rural Hwy 69</u>	c. LENGTH OF STAY (in this place) <u>_____</u>	c. CITY OR TOWN <u>MINNEAPOLIS</u>	d. Is 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>CAR Wreck</u>		e. STREET ADDRESS (If rural, give location) <u>_____</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Peter</u>	b. (Middle) <u>Charles</u>	c. (Last) <u>KAVANAUGH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11 56</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 2 - 1932</u>	9. AGE (in years last birthday) <u>24</u>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
					Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spring Water Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Service + Repair</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KENNEY, MINN.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Jeremiah KAVANAUGH</u>	13b. MOTHER'S MAIDEN NAME <u>Cecilia UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>JOAN ELINORE KAVAAUGH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes NAVY - Apr. 53 470-50-8354</u>	16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT'S SIGNATURE OR NAME <u>9ms. Tushope</u>	ADDRESS <u>KC. Mo.</u>
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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, asthma, 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) <u>Skull fracture</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CAT Wreck</u> DUE TO (c) _____		
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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>US Hwy 69</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Evandrius</u> (COUNTY) <u>DeKalb</u> (STATE) <u>MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 11 56 6pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>CAT Wreck</u>
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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 (Degree or title) <u>John Bram, DeKalb Coroner</u>	23b. ADDRESS <u>Mayville Mo</u>	23c. DATE SIGNED <u>Aug 11-56</u>
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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. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-16-56</u>	REGISTRAR'S SIGNATURE <u>Roscoe Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>	ADDRESS <u>_____</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

82-0

AUG 22 1958

AUG 29 1958

AUG 31 1958

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 ..... *Not Embalmed* Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Robert F Polard*

Licensed Embalmer No. *4772*  
*222 West 3rd*  
P. O. Address. *Camden*

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.