

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. #81

1. PLACE OF DEATH a. COUNTY <u>Christian</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Christian</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u>		c. LENGTH OF STAY (In this place) <u>24 Yrs.</u>	c. CITY OR TOWN <u>Ozark</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>Ozark, Missouri</u>			e. STREET ADDRESS (If rural, give location) <u>Ozark, Missouri</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Worth</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Caughron</u>	Date <u>Feb. 9, 1957</u>	Month	Year

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 7, 1887</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. MIN. Min.
-----------------------	----------------------------------	--	--	--	----------------------------	-----------------------	---------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	--	---

13a. FATHER'S NAME <u>James Caughron</u>	13b. MOTHER'S MAIDEN NAME <u>Missouri Hicks</u>	14. NAME OF HUSBAND OR WIFE <u>Effie Caughron</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Effie Caughron, Ozark, Missouri</u>	ADDRESS
---	-------------------------	--	---------

19. 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis, acute, chronic, arteriosclerosis, chronic - esp. B.B.B. - arteriosclerosis, generalized</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>known 2 yrs</u> <u>yes</u> <u>yes (20)</u> <u>known 2</u> <u>years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Ophthalmia, bronchial, severe chronic glomerulonephritis, chronic, known with hypertension.</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 2 June, 1954 to 9 Feb, 1957, that I last saw the deceased alive on 9 Feb, 1957, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) of <u>W. Roper</u>	23b. ADDRESS <u>Ozark, Mo</u>	23c. DATE SIGNED, <u>19 Feb 1957</u>
---	-------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 12, 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Frazier Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Co., Missouri</u>
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG <u>Feb 1-1957</u>	REGISTRAR'S SIGNATURE <u>Luella Leonard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Cheffers</u>	ADDRESS <u>Ozark, Mo</u>
--	--	---	-----------------------------

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

0230

597

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 *T. B. Cheffm*

Licensed Embalmer No. *2192*

P. O. Address *Ozark, Mo.*

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.