

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23521**

FILED JUL 31 1957

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>46</u>			
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville, Mo</u>		c. LENGTH OF STAY (In this place) <u>4 yrs</u>		c. CITY OR TOWN <u>Lutesville</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>Home</u>				e. STREET ADDRESS (If rural, give location) <u>0090</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u>		b. (Middle) <u>AGNES</u>		c. (Last) <u>CAVANESS</u>		4. DATE OF DEATH (Month) <u>7</u> (Day) <u>24</u> (Year) <u>57</u>			
5. SEX <u>FM</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 27, 1876</u>			
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>			
13a. FATHER'S NAME <u>James Rippetoe</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas A. Cavaness</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. M. Morris</u> ADDRESS <u>Lutesville, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Circulatory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Nephrosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u> <u>4 months</u> <u>5-10 years</u> <u>Chronic</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>2</u>		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		4201			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		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) <u>0</u> m.		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>May 25</u> , 19 <u>57</u> , to <u>July 24</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>7-24-57</u> , 19 <u>57</u> , and that death occurred at <u>7:15 Pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>William J. Freitas, M.D.</u>				23b. ADDRESS <u>Freitas Clinic Lutesville, Mo</u>		23c. DATE SIGNED <u>7-25-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-26-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dry Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Lutesville, Mo</u>			
DATE REC'D BY LOCAL REG. <u>7/27/57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James W. Crader</u> ADDRESS <u>Lutesville, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2 1957

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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..

Student.....  
Signature of Student Embalmer

Signed *R. O. Laine*

Licensed Embalmer No. *4538*

P. O. Address *Jackson, N.Y.*

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.