Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019566
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5765

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 3 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 D.O.A. Barnes Hos. — Length of stay in lb 2days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Indiana b. COUNTY
c. CITY OR TOWN Washington 8 13 0 8 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 33 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GEORGE Middle TERRENCE Last CAVANAUGH
4. DATE OF DEATH Month June Day 3, Year 1958
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH June 22, 1895
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) distributor
10b. KIND OF BUSINESS OR INDUSTRY beer
11. BIRTHPLACE (City and state or country) Washington, Indiana.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME John P. Cavanaugh
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W. W. One
16. SOCIAL SECURITY NO. 303-10-7030
17. INFORMANT Address Delores Cavanaugh 1036 Hopedale

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Heart Disease with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency
DUE TO (c) Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH 8 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.1
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-3-58, to 6-3-58 and last saw her/him alive on 6-3-58
Death occurred at 12:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Louis J Arthur M.D. 0
22b. ADDRESS 3720 Washington St. Louis Mo.
22c. DATE SIGNED 6-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 6-3-58
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Washington, Indiana

24. FUNERAL DIRECTOR V. L. Poindexter ADDRESS Washington, Indiana.
25. DATE RECD. BY LOCAL REG. JUN 3 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed V. E. Morris

Licensed Embalmer No. 33 (

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.