

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024509
STATE FILE NUMBER

FILED AUG 12 1958 Registration District No. 13 Primary Registration District No. 5056 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Corsicana		c. CITY OR TOWN Purdy 0050	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Emanuel Middle D. Last Cairus			4. DATE OF DEATH Month July Day 19 Year 1958		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 9, 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and state or country) Barry County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Cairus	13b. MOTHER'S MAIDEN NAME Susan Dalmas	14. NAME OF HUSBAND OR WIFE Chloe Cairus
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WWI	16. SOCIAL SECURITY NO. 491-44-1164	17. INFORMANT Mrs. Chloe Cairus-Purdy, Missouri	Address
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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 Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 Minutes
DUE TO (b) Atherosclerosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Purdy, Mo.	COUNTY	STATE
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21. I attended the deceased from Sept 1, 1956 to July 19, 1958 and last saw ^{her} him alive on July 19, 1958 Death occurred at 3:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Hermit Howell</i> (Degree or title) D.O.	22b. ADDRESS Purdy, Mo.	22c. DATE SIGNED 7/26/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-1958	23c. NAME OF CEMETERY OR CREMATORY Purdy Cemetery	23d. LOCATION (City, town, or county) (State) Purdy, Missouri
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24. FUNERAL DIRECTOR Culver's	ADDRESS Cassville, Missouri	25. DATE RECD. BY LOCAL REG. 7-28-58	26. REGISTRAR'S SIGNATURE <i>Mrs P.N. Cook</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-570

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

3961 67 000

NO. 858-1519

DATE REC. 8-11-58

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 Margaret C. Henbest.....

Licensed Embalmer No. 4389.....

P. O. Address Cassville, 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.