Health, Welfare Public Service

300
1-57

/

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004201
STATE FILE NUMBER

FILED JAN 28 1959 Registration District No. 956 Primary Registration District No. 6207 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY: TEXAS b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): LYNCH — Inside Limits: Yes ☐ No ☒ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): None — Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MO b. COUNTY: TEXAS c. CITY OR TOWN: Licking Mo — Inside Limits: Yes ☐ No ☒ d. STREET ADDRESS (If outside, give location): 1670 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First THOMAS Middle EDWARD Last CAVANESS

4. DATE OF DEATH: Month 1 Day 8 Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHT

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: MAR. 25-1893

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 9 Days 14 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): EMINENCE MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: TOM CAVANESS

13b. MOTHER'S MAIDEN NAME: IDA BROWN

14. NAME OF HUSBAND OR WIFE: MATTIE (KEENEY) CAVANESS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): WORLD WAR I

16. SOCIAL SECURITY NO.:

17. INFORMANT: MATTIE CAVANESS Address: LICKING-MO

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) Acute Circulatory Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Thrombosis

DUE TO (c) arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): H 200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Jan 1956 to Jan 7 and last saw ~~her~~ him alive on Jan 7

Death occurred at 7:00A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr Lavere Hampton DO

22b. ADDRESS: Summersville

22c. DATE SIGNED: Jan 18-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-11-59

23c. NAME OF CEMETERY OR CREMATORY: CAVANESS, CEM

23d. LOCATION (City, town, or county) (State): NW LICKING MO

24. FUNERAL DIRECTOR: L. F. Evans ADDRESS: Houston Mo

25. DATE RECD. BY LOCAL REG.: Jan 21-59

26. REGISTRAR'S SIGNATURE: Myrtle Craig

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 17 1959

FEB 11 1959

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 Ewell C. Craig

Licensed Embalmer No. 4766

P. O. Address Nita Grove

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.