

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009862
STATE FILE NUMBER

Health,
Welfare
Public
Service

300
-57

FILED APR 8 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman		d. STREET ADDRESS (If outside, give location) 114 1/2 Main	
3. NAME OF DECEASED (Type or print) First Middle Last James David Cavener		4. DATE OF DEATH Month Day Year March 28, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 11, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoisterman		10b. KIND OF BUSINESS OR INDUSTRY Mining	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) Lawrence County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Willis Cavener		13b. MOTHER'S MAIDEN NAME Melissa Taylor	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name; unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Goldie Collings	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Esophageal varices, bleeding		INTERVAL BETWEEN ONSET AND DEATH 48 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis of liver		unknown	
DUE TO (c) Diabetes		5810	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Diabetes		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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 COUNTY STATE	
21. I attended the deceased from February 28, 1959 to March 28, 1959 and last saw him alive on March 28, 1959 Death occurred at 9:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert M. Merriam</i>		22b. ADDRESS M.D. 607 Frisco Bldg. Joplin, Mo.	
		22c. DATE SIGNED 3-31-1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 31, 1959	
23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		23d. LOCATION (City, town, or county) (State) Joplin, Missouri	
24. FUNERAL DIRECTOR Thornhill-Dillon		ADDRESS Joplin, Missouri	
25. DATE RECD. BY LOCAL REG. 4-3-1959		26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Robert C. Rolfe*

Licensed Embalmer No. *5061*

P. O. Address *Joplin, 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.