

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010057
STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canton Inside Limits Yes No
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At home Length of stay in lb 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis
c. CITY OR TOWN Canton Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 801 White Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
John Andrew Charles Kavanaugh
(Type or print) A/k/a Jack Kavanaugh

4. DATE OF DEATH Month Day Year
Mar. 19, 1959

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH May 20, 1908 **9. AGE** (In years last birthday) 50 **FUNDER 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) Dist. Sales Mgr. **10b. KIND OF BUSINESS OR INDUSTRY** Allis-Chalmers **11. BIRTHPLACE** (City and state or country) Co. Springfield, Ill. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME John Kavanaugh **13b. MOTHER'S MAIDEN NAME** Katherine Fischer **14. NAME OF HUSBAND OR WIFE** Rena Mink

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give yr or dates of service) Yes W.W.2 **16. SOCIAL SECURITY NO.** 440-10-2224 **17. INFORMANT** Address Mrs. Rena Kavanaugh, Canton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Tumor CA. INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) _____

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 NO

20a. ACCIDENT **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED** (Enter nature of injury in PART I or PART II of item 18.)
ITEM 3 CORRECTED
BY AFFIDAVIT OF Mother 4-3-59

20c. TIME OF INJURY Hour a.m. p.m. _____ **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 1-7-59 to 3-19-59 and last saw him alive on 3-19-59
Death occurred at 5:30 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Fickstra M.D. 2 **22b. ADDRESS** Canton, Mo **22c. DATE SIGNED** 3-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal **23b. DATE** 3-23-'59. **23c. NAME OF CEMETERY OR CREMATORY** Calvary Cemetery **23d. LOCATION** (City, town, or county) (State) Springfield, Illinois

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FUNERAL DIRECTOR ADDRESS Earl H. Buckley, Canton, Mo. **25. DATE RECD. BY LOCAL REG.** 3-21-'59 **26. REGISTRAR'S SIGNATURE** P. W. Jennings, M. D.
(Licensed Embalmer's Statement on Reverse Side) E. L.

JUN 19 1959

NO. 1000 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 *Earl H. Buckley*

Licensed Embalmer No. *2615*

P. O. Address *Centerville, 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.