THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012197

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mexico — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Audrain Hosp. — Length of stay in 1b: 1 wk 2 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Audrain
c. CITY OR TOWN: Mexico — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 604 Walnut St — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: THADUS Middle: Last: CAVE

4. DATE OF DEATH: Month: April Day: 11 Year: 1959

5. SEX: male **6. COLOR OR RACE**: negro **7. MARRIED** ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: MARCH 1-1875 **9. AGE** (In years last birthday): 84 — 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): Farm contractor **10b. KIND OF BUSINESS OR INDUSTRY**: retired

11. BIRTHPLACE (City and state or country): COLUMBIA MO. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: JOHN CAVE **13b. MOTHER'S MAIDEN NAME**: CAROLINE CAVE **14. NAME OF HUSBAND OR WIFE**: Mentie Cave

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

16. SOCIAL SECURITY NO.: 709-12-1186-A **17. INFORMANT**: MENTIE CAVE **Address**: MEXICO 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): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of sigmoid — 6 yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1533

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 Aug 1957, to April 11, 1959 and last saw him alive on April 11, 1959. Death occurred at 3 pm upon the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Benjamin H. Jolly (Degree or title): MD **22b. ADDRESS**: 112 N. Clark Sweet, Mo **22c. DATE SIGNED**: 4/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: April 13-1959 **23c. NAME OF CEMETERY OR CREMATORY**: Elmwood **23d. LOCATION** (City, town, or county) (State): Mexico, Mo.

24. FUNERAL DIRECTOR: Mrs Stuart Parker **ADDRESS**: Columbia, Mo **25. DATE RECD. BY LOCAL REG.**: April-13-1959 **26. REGISTRAR'S SIGNATURE**: Blanche Heely

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I Must be causally related.

MAY 13 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall

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