

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031542

FILED VS SEP 13 1960

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 307

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Pettis</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Pettis</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>	Length of stay in lb <u>13 yrs</u>	c. CITY OR TOWN <u>Sedalia</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>1810 West 4th</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>JUAN</u>	Middle <u>CARAWAY</u>	Last <u>CARAWAY</u>	Month <u>Sept</u>	Day <u>7</u> Year <u>1960</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-8-1910</u>	9. AGE (last birthday) <u>49</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Grocery mgr -</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Davis Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Orville Caraway</u>	13b. MOTHER'S MAIDEN NAME <u>Nichols</u>	14. NAME OF HUSBAND OR WIFE <u>Lemnis Lynch</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-28-0397</u>	17. INFORMANT <u>Mrs Juan Caraway</u> Address <u>1810 W. 4th Sedalia</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>glioblastoma of the Brain</u>	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
20c. TIME OF INJURY Hour <u>7:35 p.m.</u> Month, Day, Year		

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
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21. I attended the deceased from July 11, 1960 to Sept. 7, 1960 and last saw him alive on Sept. 7, 1960
 Death occurred at 7:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>T.S. Houscine</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>1609 S. 5th Sedalia, MO.</u>	22c. DATE SIGNED <u>9-8-60.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-9-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>
24. FUNERAL DIRECTOR <u>McLaughlin Bros</u> ADDRESS <u>Sedalia</u>	25. DATE RECD. BY LOCAL REG. <u>9-8-1960</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 20 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed K.P.M. Cra

Licensed Embalmer No. 3153

P. O. Address Sedal

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