ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-012557
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 284

AMENDED

FILED MAY 8 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia
Length of stay in 1b: 28 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University of Mo. Medical Center
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Saline
c. CITY OR TOWN Marshall
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 4720 South Redman
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Lemual Middle: Last: Caves
4. DATE OF DEATH Month: May Day: 1 Year: 1961
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 3-13-74
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Boone County Mo
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: John Caves
13b. MOTHER'S MAIDEN NAME: Caroline Howen
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: University of Mo. Medical Records Address:

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) Irreversible Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) myocardial infarction + probable septicemia
DUE TO (c) pseudomembranous entero colitis
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)
abdomino-perineal resection for adenocarcinoma of rectum on 13 april '61
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 3 april '61, to 1 May '61 and last saw ~~him~~ him alive on 1 may '61
Death occurred at 10 22 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J. R. Ellis (Degree or title) MD.
22b. ADDRESS U. of Mo. Medical Center
22c. DATE SIGNED 2 May 61
23a. ~~BURIAL~~, CREMATION, ~~REMOVAL~~ (Specify) Removal
23b. DATE May 3 1961
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Marshall (State) Mo
24. FUNERAL DIRECTOR Georgetta Green ADDRESS Fulton, Mo.
25. DATE RECD. BY LOCAL REG. May 3 1961
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

MAY 9 1967

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 _____

Licensed Embalmer No. 4220

P. O. Address _____

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.