

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030482

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. Registrar's No. 303

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Francois	e. STATE Missouri		b. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Farmington, St. Francois	Length of stay in 1b 5Y; 9M; 20	c. CITY OR TOWN Franklay, Mo	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Inside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary Pearl Cauley			4. DATE OF DEATH Month Day Year July 10, 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 15, 1907
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months 3 Days 25	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Leadwood, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joe Lawson		13b. MOTHER'S MAIDEN NAME Amanda Lawson	14. NAME OF HUSBAND OR WIFE Frank Cauley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT State Hospital No. 4, Farmington, Mo. Mrs Robert Moore Irondale, 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) Terminal pneumonia - - - - -			INTERVAL BETWEEN ONSET AND DEATH 1 week.
DUE TO (b) Epileptic deterioration - - - - -			Abt. 4 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) Mental deficiency with involuntional psychotic reaction.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 Sept. 20, 1955 to July 10, 1961 and last saw her alive on July 10, 1961 Death occurred at 5:10 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. A. Brennan, M.D.</i>		22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 7-13-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-13-1961	23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery	23d. LOCATION (City, town, or county) (State) Franklay, Mo
24. FUNERAL DIRECTOR ADDRESS R. Caldwell & Sons Flat River, Mo		25. DATE RECD. BY LOCAL REG. July 13, 1961	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MS AUG 18 1961

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 David Paul Caldwell, Student Embalmer No. 636

working under my personal supervision.

Student David P. Caldwell
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, TN

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.