

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0901234

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. _____

FILED JAN 6 1964

VS 300
Rev. 4/59

1425

20430

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry	b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton	a. STATE Missouri	COUNTY Hickory
Length of stay in lb OR TOWN 2 weeks		c. CITY OR TOWN Waubeleau	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) CHARLES HOMER CAUTHON			4. DATE OF DEATH January 2, 1964		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/26/95	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Humansville, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Charles W. Tillery	13b. MOTHER'S MAIDEN NAME Della M. Ireland	14. NAME OF HUSBAND OR WIFE Myrtle Cauthon
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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. 488 24 4117	17. INFORMANT Myrtle Cauthon, Waubeleau, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	DUE TO (b)	
Medullary paralysis	Carcinoma of the liver	minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	Months
	Intestinal obstruction	

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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 Dec. 25, 1963 to Jan. 2, 1964 and last saw her alive on Jan. 2, 1964.
Death occurred at 11:30 pm 1/2/64 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James P. Chance MD	22b. ADDRESS 105 E Ohio Clinton, Mo.	22c. DATE SIGNED 1/2/64
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/4/64	23c. NAME OF CEMETERY OR CREMATORY Durnell Chapel	23d. LOCATION (City, town, or county) (State) Hickory Co. Missouri
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24. FUNERAL DIRECTOR Hathaway	ADDRESS Wheatland, Mo.	25. DATE RECD. BY LOCAL REG. JAN 4, 64	26. REGISTRAR'S SIGNATURE Mildred Bigum
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(Licensed Embalmer's Statement of Reverse Side)

1964

JAN 9 1964

JAN 15 1964

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 Eugene R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.

Permit
Obtained
1-4-64
M.B.