

STANDARD CERTIFICATE OF DEATH

State File No. 5890

FILED MAR 7 - 1940

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 31

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dumas Apts. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits write "RURAL")
(d) Street No. Dumas Apts (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Wm Brodus Cauthorn 360

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Julia Tripp Cauthorn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) 09 (Day) 7 (Year) 1870

8. AGE: Years 69 Months 4 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Columbia Mo. A (City, town, or county) (State or foreign country)

10. Usual occupation Engineer (civil)

11. Industry or business

MOTHER FATHER { 12. Name Wm Andrew Cauthorn 9

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Mary H. Litch

15. Birthplace Columbia Mo. A (City, town, or county) (State or foreign country)

16. (a) Informant J. B. G. Umbley

(b) Address Columbia, Mo.

17. (a) Columbia (b) Date thereof 2 7 40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cem.

18. (a) Signature of funeral director Tom McHarg

(b) Address Columbia, Mo.

19. (a) 2/8/40 (b) Allie Selby (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 4, 1940 to July 4, 1940 that I last saw him alive on July 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to Coronary Atherosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 94 10

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 94 (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Columbia Date signed 7/8/40

DEC 28 1951

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 me

working under my personal supervision. _____, Registered Apprentice No. _____

Signed Don McHarg Jr.

Licensed Embalmer No. 4067

P. O. Address Columbia 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 this body is not embalmed, above space should be left blank.