

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **24062**

No. 300
10-48

FILED JUL 26 1949

BIRTH NO. _____		REG. DIST. NO. <u>198</u>	PRIMARY REG. DIST. NO. <u>5721</u>	Registrar's No. <u>25-</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Macon</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao rural</u>		
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____		
d. FULL NAME OF HOSPITAL OR INSTITUTION: _____				
3. NAME OF DECEASED			4. DATE OF DEATH	
a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Cavender</u>			(Month) (Day) (Year) <u>6 29 49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
		<u>Married</u>		8. DATE OF BIRTH <u>7-7-65</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR	IF UNDER 12 HRS.	
		Months _____	Days _____	Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co., Missouri</u>
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James W. Cavender</u>		13b. MOTHER'S MAIDEN NAME <u>Marinda Howard</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Cavender</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>W. Cavender Jr</u>
				ADDRESS <u>Callao, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacteriemia with chronic nephritis</u>		<u>3 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Sensitivity</u>		
		DUE TO (b) _____		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>592X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>June 1, 1949</u> to <u>June 29, 1949</u>, that I last saw the deceased alive on <u>June 29, 1949</u>, and that death occurred at <u>9 P. m.</u>, from the causes and on the date stated above.				
23a. SIGNATURE (Doctor or title) <u>Dr. D. V. Claver Mo.</u>		23b. ADDRESS		23c. DATE SIGNED <u>June 10, 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-1-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hull Cemetery</u>
				24d. LOCATION (City, town, or county) (State) <u>Callao rural Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-16-49</u>		REGISTRAR'S SIGNATURE <u>Josephine King</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u>
				ADDRESS <u>Bevier, Mo.</u>

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

61 20

510 000

RECEIVED

JUL 22 1949

District Health Officer No.

District File Number 2-49-12

Date Filed JUL 22 1949

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.

Signed

H. S. Edwards

Signed _____
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address Bevier Missouri

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, fact should be so stated above.