

STANDARD CERTIFICATE OF DEATH

FILED OCT 26 1949

State File No. 5347 Registrar's No. 77

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5347

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural N Benton Twsp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural North Benton Township</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Star Route, Buffalo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		Star Route, Buffalo,	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Estella</u> b. (Middle) <u>Waggoner</u> c. (Last) <u>Cavin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 14 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 12, 1882</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Lawrence, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Waggoner</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Alming</u>	
14. NAME OF HUSBAND OR WIFE <u>William W Cavin</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Cavin, Buffalo, Missouri</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, aneurism, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u> <u>10 yrs (last)</u> <u>10 yrs "</u> <u>351 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		21. HOW DID INJURY OCCUR?
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"/>		
22. I hereby certify that I attended the deceased from <u>on Oct 13, 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>Oct 13, 1949</u> , and that death occurred at <u>2:25 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Plummer M.D.</u>		23b. ADDRESS <u>Buffalo Mo.</u>	23c. DATE SIGNED <u>Oct 17, 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 16, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
DATE REC'D BY LOCAL REG <u>10/22/49</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. B. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeyer J. H.</u>	ADDRESS <u>Springfield, Mo.</u>

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

No. 300
10-48

RECEIVED

District Health Officer No. 7;

District File Number 7-49-1269

Date Filed 10-25-49

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
Student Embalmer

Signed Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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, fact should be so stated above.