

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED MAY 1 1950

State File No. 14222
 Registrar's No. 129

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6023

1. PLACE OF DEATH a. COUNTY <u>Lay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lay</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Knoxville</u>		c. LENGTH OF STAY (in this place) <u>75 years</u>	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - Knoxville</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles East Knoxville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles East Knoxville, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles East Knoxville</u>	
3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>Kinsley</u> c. (Last) <u>McCabough</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1950</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>April 5, 1872</u>
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>11</u>	11. DAYS <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>William M. Cabough</u>	
13b. MOTHER'S MAIDEN NAME <u>Marion J. Luther</u>		14. NAME OF HUSBAND OR WIFE <u>Walter E. (Robert) McCabough</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Carl M. Cabough</u>		ADDRESS <u>Reston, 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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Arteries</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malnutrition</u>			<u>6 hrs</u>
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>150X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (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>3-5</u> , 19 <u>49</u> , to <u>3-22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-21</u> , 19 <u>50</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carl M. Cabough M.D.</u> (Degree or title)		23b. ADDRESS <u>Polo Mo</u>	
23c. DATE SIGNED <u>3-24-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 25, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Knoxville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rair County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Mar 25, 1950</u>		REGISTRAR'S SIGNATURE <u>364 Mrs. Raymond Grove</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>George White</u>		ADDRESS <u>Richardson, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

890
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RECEIVED **APR 10**

District Health Officer No. 8,

District File Number _____

Date Filed 4-29-50

JAN 19 1953

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 _____

Licensed Embalmer No. 4869

P. O. Address Retiring, 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.