

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30332**  
**3956**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3956</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>5 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 8150</u>		d. STREET ADDRESS (If rural, give location) <u>2440 South 14 th 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>William</u> (Type or Print)			b. (Middle) <u>E.</u>		c. (Last) <u>Caughenbaugh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 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>March 27, 1886</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Boilermaker helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Boiler works</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>LeRoy Caughenbaugh</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Atkinson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Mollie Caughenbaugh</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>513-09-2586</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mollie Caughenbaugh, K.C.K.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>0 Occlusion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>420!</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) m.		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>Pathologist</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:55 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Hill</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3001 Wyandotte St K.C. Mo</u>		23c. DATE SIGNED <u>18 Sept 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carterville Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-18-50</u>		REGISTRAR'S SIGNATURE <u>Thelma Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Simmons Funeral Home K.C.K.</u>			

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

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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 H. Simmons

Licensed Embalmer No. 3903

P. O. Address ROK

**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.