

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22089**
Registral's No. **837**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

I. PLACE OF DEATH
a. COUNTY **Douglas**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Macon**

b. CITY (If outside corporate limits, write RURAL and give township) **St. Joseph** c. LENGTH OF STAY (In this place) **20 yrs bdy**
c. CITY (If outside corporate limits, write RURAL and give township) **Elmer** d. STREET ADDRESS **1610**

d. FULL NAME OF HOSPITAL OR INSTITUTION **State Hospital No. 2.** (If rural, give location) **1**

3. NAME OF DECEASED (Type or Print)
a. (First) **WESLEY** b. (Middle) **—** c. (Last) **CAVENDER**

4. DATE OF DEATH (Month) (Day) (Year) **8-3-1951.**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Single** **8. DATE OF BIRTH** **12-18-1877.** **9. AGE** (In years last birthday) **73** **IF UNDER 1 YEAR** Months **7** Days **15** **IF UNDER 12 HRS.** Hours **—** Min. **—**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer laborer** **10b. KIND OF BUSINESS OR INDUSTRY** **Agriculture** **11. BIRTHPLACE** (State or foreign country) **Macon County, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **James W. Cavender** **13b. MOTHER'S MAIDEN NAME** **Lucandia Sanny** **14. NAME OF HUSBAND OR WIFE** **—**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no.** **16. SOCIAL SECURITY NO.** **none.** **17. INFORMANT'S SIGNATURE OR NAME** **Patient.** **ADDRESS** **as above.**

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) **Broncho-pneumonia**
ANTECEDENT CAUSES
DUE TO (b) **arterio-sclerosis**
DUE TO (c) **—**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Paranoia**

INTERVAL BETWEEN ONSET AND DEATH **7 days**
21 years

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **4500** **20. AUTOPSY?** YES NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from **2-1-**, 1951, to **8-3-**, 1951, that I last saw the deceased alive on **8-3-**, 1951, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **J. H. Marroway** (Degree or title) **M.D.** **23b. ADDRESS** **State Hospital No. 2, St. Joseph, Mo.** **23c. DATE SIGNED** **8-3-1951**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **8/4/1951** **24c. NAME OF CEMETERY OR CREMATORY** **Bovier** **24d. LOCATION** (City, town, or county) (State) **Missouri**

DATE REC'D BY LOCAL REG. **Aug 7, 1951** **REGISTRAR'S SIGNATURE** **Carl C. Caster** **446** **25. FUNERAL DIRECTOR'S SIGNATURE** **Newton Bowman** **ADDRESS** **Funeral Home St. Joseph, Mo.**

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

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 *William Gulding*.....

Licensed Embalmer No. *4535*.....

P. O. Address *319 S. 10th St. Joseph*.....

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.