

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31251**

FILED OCT 10 1951

63472-37

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 325

| | | | | | | | |
|---|--|---|--|--|----------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois | | | |
| b. CITY OR TOWN Frankclay | | c. LENGTH OF STAY (in this place) 13 Hrs | | c. CITY (If outside corporate limits, write RURAL and give township) Frankclay | | 0940 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Frankclay | | | | d. STREET ADDRESS (If rural, give location) *-----* | | | |
| 3. NAME OF DECEASED (Type or Print) | | | a. (First) William | b. (Middle) Ray | c. (Last) Cauley | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1951 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | | 8. DATE OF BIRTH Sept. 28, 1951 | |
| 9. AGE (In years last birthday) | | # UNDER 1 YEAR | | # UNDER 24 HRS. | | 10. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William Cauley | | | 13b. MOTHER'S MAIDEN NAME June Black | | | 14. NAME OF HUSBAND OR WIFE ----- | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. (If yes, give wax or dates of service) | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Cauley Frankclay, Mo. | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth | | | | INTERVAL BETWEEN ONSET AND DEATH 13hr | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 776x | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | | 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>9-28</u> , 1951, to <u>9-28</u> , 1951, that I last saw the deceased alive on <u>9-28</u> , 1951, and that death occurred at <u>11:59</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) John W. Hunter M.D. | | | | 23b. ADDRESS Leadwood Mo. | | 23c. DATE SIGNED 10/1/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9/29/51 | | 24c. NAME OF CEMETERY OR CREMATORY Adams Cemetery | | 24d. LOCATION (City, town, or county) (State) Frankclay, Mo. | |
| DATE REC'D BY LOCAL REG. Oct. 1, 1951 | | REGISTRAR'S SIGNATURE Ether P. Rudolph | | 25. FUNERAL DIRECTOR'S SIGNATURE Boyer Funeral Home Leadwood, Mo. | | ADDRESS | |

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 6 1951

RECEIVED

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 _____

not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William E Boyer

Licensed Embalmer No. 4930

P. O. Address Leadwood, 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.