

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27379**

No. 300  
10.48 FILED SEP 9 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CAMDEN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - <del>Blaine</del> Orange</u>		c. LENGTH OF STAY (in this place) <u>20 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - <del>Blaine</del> Orange</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi S-W - KAISER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi S-W - KAISER</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi S-W - KAISER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CYRUS-</u> b. (Middle) <u>BRUCE</u> c. (Last) <u>McAuley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug - 30 1952</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>4 April 1882</u>	
9. AGE (in years) (If under 1 year last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAMP-OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TOURIST-CAMP</u>		11. BIRTHPLACE (State or foreign country) <u>Spencer - INDIANA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Sylvester B. McAuley</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie White</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA - McAuley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>500-12-0398-A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ANNA - McAuley KAISER 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.		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>Generalized arteriosclerosis</u>  DUE TO (c) _____  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>10 days</u>  <u>5 years</u>
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>					
22. I hereby certify that I attended the deceased from <u>June 14, 1947</u> , to <u>Aug 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 30</u> , 19 <u>52</u> , and that death occurred at <u>9:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Genaro Latham D.M.D.</u>				23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>8-30-52</u>	
24a. BURIAL/CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2 Sept 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAN-PARK-</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS-CITY - KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>Aug 31-1952</u>		REGISTRAR'S SIGNATURE <u>Zilpha Drow</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKays</u>		ADDRESS <u>ELDON MO</u>	

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

SEP 9 1952

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

*Keith M. Kays*

Licensed Embalmer No.

*3998*

P. O. Address

*Eldon 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.