

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35056

State File No.

No. 300
10.48

FILED OCT 19 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 313

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1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY - <u>St. Francois</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>	c. LENGTH OF STAY (in this place) <u>Sept. 5-1954</u>	d. FULL NAME OF HOSPITAL OR INSTITUTION
a. STATE <u>Salem, Mo.</u>		b. COUNTY <u>Dunklin</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>231/1</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Mr. William</u>	b. (Middle) <u>Jefferson</u>	c. (Last) <u>Cavender</u>	(Month) <u>October</u>	(Day) <u>13</u>	(Year) <u>1954</u>
(Type or Print)					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White - cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 12 - 1875</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber dealer & Stock Buyer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	11. BIRTHPLACE (State or foreign country) <u>Dade County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Mr. Henry Calvin Cavender</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Patton</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Burden Cavender</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Callend</u>
		ADDRESS <u>504 Glendale - Flat River 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>Pneumonia (Hypostatic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>small</u> <u>years</u> <u>limited</u> <u>years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterial sclerosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
	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 <u>4200</u>	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)	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 Sept 11, 1954, to Oct 13, 1954, that I last saw the deceased alive on Oct 11, 1954, and that death occurred at 2:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L. Jones M.D.</u>	23b. ADDRESS <u>12 Wood Drive Flat River Mo.</u>	23c. DATE SIGNED <u>Oct 13 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>October 15 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Shoar Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Salem, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Oct. 13 1954</u>	REGISTRAR'S SIGNATURE <u>Cather Andlaff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>303 Crane St. Flat River</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 3030 Cass St. S.E. Atlanta, Ga.

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.