

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

FILED MAR 20 1956

10169
State File No.

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5982 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Rural</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mooney township</u>		e. STREET ADDRESS (If rural, give location) <u>Mooney township 0840</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) _____ c. (Last) <u>Cavin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 - 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 10 - 1870</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>R. C. Butts</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Potter</u>	14. NAME OF HUSBAND OR WIFE <u>M. D. Cavin</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ralph Bradford - Pleasant Hope, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure.</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Afarid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis.</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>		<u>10 minutes</u>	
				<u>12 days</u>	
				<u>Unknown.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 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 Jan 8, 1956, to Mar. 8, 1956, that I last saw the deceased alive on Mar. 6, 1956, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry R. Grew D.O.</u>	23b. ADDRESS <u>Pleasant Hope, Mo.</u>	23c. DATE SIGNED <u>Mar. 10, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 11 - 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Grove Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Polk County, Missouri.</u>		

DATE REC'D BY LOCAL REG. <u>March 12, 1956</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Harvey</u> ADDRESS <u>Springfield, Mo.</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

300
48
40
1

8

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 _____
Signature of Student Embalmer

Signed _____
Licensed Embalmer No. 33
P. O. Address Springf.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.