

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043642

STATE FILE NUMBER

FILED DEC 18 1958

Registration District No. 096

Primary Registration District No.

Registrar's No. 68

300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Dallas</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dallas</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Buffalo</i>		c. CITY OR TOWN <i>Buffalo</i> 6300	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Franklin Pine et 8 yrs.</i>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM W CAVIN</i>			4. DATE OF DEATH Month Day Year <i>12 9 1958</i>		
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5. SEX <i>m.</i>	6. COLOR OR RACE <i>wh.</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-9-1884</i>	9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant Retired car parts</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Green Co. mo.</i>	11. BIRTHPLACE (City and state or country) <i>Greene Co. mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Coff Cavin</i>	13b. MOTHER'S MAIDEN NAME <i>Ellen Gardner</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Don Elliot Lomer, mo.</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Cold exposure</i>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4201F</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.; etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at *7:00 A* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>D. W. Jones</i>	(Degree or title) <i>Lomer 3</i>	22b. ADDRESS <i>Buffalo Mo</i>	22c. DATE SIGNED <i>12-10-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-11-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Green Lawn</i>	23d. LOCATION (City, town, or county) (State) <i>Springfield mo -</i>
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24. FUNERAL DIRECTOR <i>L.D. Jones</i>	ADDRESS <i>Buffalo, mo.</i>	25. DATE RECD. BY LOCAL REG <i>12/15/58</i>	26. REGISTRAR'S SIGNATURE <i>Mrs Vera Petese</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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MAY 28 1959

MS APR 2 1959

### 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 me....., Student Embalmer No.      working under my personal supervision.

Student       
Signature of Student Embalmer

Signed R. E. Cheatham.....

Licensed Embalmer No. 3813.....

P. O. Address Buffalo, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.