S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37129

FILED DEC 12 1945

Registration District No. 119 — Primary Registration District No. 4193 — Registrar's No. 25

1. PLACE OF DEATH:
(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Workmann Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dr. Frank H. Caughell
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alice Caughell deceased
6. (c) Age of husband or wife if living years
7. Birth date of deceased Sept. (Month) 1 (Day) 1861 (Year)

8. AGE: Years 84 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Chamois, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Physician
11. Industry or business

FATHER
12. Name D. M. Caughell
13. Birthplace St. Thomas Ontario (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Burnet
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant F. J. Dubrouillett
(b) Address St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/45 (Month) (Day) (Year)
(c) Place: burial or cremation Hermann
18. (a) Signature of funeral director E. B. Ruediger
(b) Address Hermann
19. (a) 11/24/45 (Date received local registrar) (b) O. M. Kundweiler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1945 hour 5 minute 20 M.
21. I hereby certify that I attended the deceased from Nov 17, 1945, to Nov 22, 1945, that I last saw him alive on Nov 22, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory Collapse	
Due to: Diabetic Coma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Howard Workmann (M. D. or other)
Address Hermann Date signed 11-25-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 12-11-45

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

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 2044

P. O. Address Hermann, 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.