

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-020861
State File No.

FILED JUN 24 1958

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>40</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Zalma, Rural Wyn. Twp.</u>				c. CITY OR TOWN <u>Zalma, rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) _____				STREET ADDRESS (If rural, give location) <u>Wyn. Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Zalma, Mo.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Harrison</u>		b. (Middle) <u>Edward</u>		c. (Last) <u>Cato</u>	
4. DATE OF DEATH		(Month) <u>May</u> (Day) <u>30</u> (Year) <u>1958</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	
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>8</u> DAYS <u>20</u> HOURS _____ MIN. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Greenbrier, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Cato</u>		13b. MOTHER'S MAIDEN NAME <u>Lou Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Swick Cato</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>318-20-3123</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Cato</u> ADDRESS <u>Zalma, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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>Several years</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21a. 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) _____ (Minute) _____			
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 _____, 19 <u>38</u> , to <u>May 30</u> , 19 <u>58</u> , that I last saw the deceased alive on _____, 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Mather, Jr.</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>June 3, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 1, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bollinger Co. Mem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6/20/58</u>		REGISTRAR'S SIGNATURE <u>Wm Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm H Mary</u> ADDRESS <u>Advance, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2 8561 81 908

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.....

W^m H Mayan

Licensed Embalmer No. 4640

P. O. Address Advance, Miss

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.