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5-17-39  
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DEPARTMENT OF COMMERCE · · · · · THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED JUN 10 1946** STANDARD CERTIFICATE OF DEATH

17803

State File No. \_\_\_\_\_  
Registrar's No. 60

Registration District No. 297 Primary Registration District No. 6021

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

1. PLACE OF DEATH:  
(a) County Ray  
(b) City or town Cowgill (Grape Grove) tw  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 17 months (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Ray 89  
(c) City or town: Cowgill Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Thomas Caton  
3. (b) If veteran, name war no 3. (c) Social Security No. 500-07-8085

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 20  
year 1946 hour 5 minute 45 p.m. M.  
21. I hereby certify that I attended the deceased from MARCH 28  
1946 to MAY 20, 1946  
that I last saw h. living alive on MAY 20, 1946  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ethel Caton 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased Jan 4 1898  
(Month) (Day) (Year)

Immediate cause of death UREMIC POISONING Duration \_\_\_\_\_  
Due to Pyo Hydronephrosis of LE Kidney  
Due to Adhesions + STENOSIS OF LE URETER  
Other conditions Chronic cholangitis, E. coli  
(Include pregnancy within 3 months of death)

8. AGE: Years 48 Months 4 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: 46K  
Of operations: \_\_\_\_\_  
Of autopsy Pyo Hydronephrosis LE Kidney, Carcinoma of Stomach, Chronic cholangitis, E. coli  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statutorily.

9. Birthplace Washington County Ala.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name John Caton  
13. Birthplace Washington County Ala  
(City, town, or county) (State or foreign country)  
14. Maiden name Prison  
15. Birthplace Washington County Ala  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Caton  
(b) Address Cowgill Mo  
17. (a) Burial (b) Date thereof 5-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Little Union Cem

22. If death was due to external causes, fill in the following:  
(c) 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? \_\_\_\_\_

18. (a) Signature of funeral director Wm. J. Moad  
(b) Address Braymer, Missouri  
19. (a) 5-23-46 (b) male jackson  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Wm. J. Moad (M. D. or other) 20  
Address Cowgill Mo Date signed 5-22-46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-8-46

JUN 18 1946

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Donald J. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri

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.