

FILED APR 6 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 8307

1203

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mauass City</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mulberry</u>		99.1 14	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph</u>				d. STREET ADDRESS (If rural, give location) <u>City</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Cattaneo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>16</u> <u>49</u>	
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>12-3-1911</u>	
9. AGE (In years last birthday) <u>37</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>News Paper</u>		11. BIRTHPLACE (State or foreign country) <u>Mulberry Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Antone Cattaneo</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Polletto</u>		14. NAME OF HUSBAND OR WIFE <u>Josephine Cattaneo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James Cattaneo</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Pulmonary Embolism. Severe</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Menigeomeningitis</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>223X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Meningeomeningitis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Russell W. Kerr</u>				23b. ADDRESS <u>St. Joseph Hospital</u>		23c. DATE SIGNED <u>16 Mar 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar-16-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mulberry Kansas</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>3-16-49</u>		REGISTRAR'S SIGNATURE <u>Edna Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.M. Barker</u>		ADDRESS <u>Mulberry, Kan.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 24 1949

### 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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Joe B. Yoder*  
Licensed Embalmer No. *4173*

P. O. Address \_\_\_\_\_

*KC. 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.