

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7596

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. CITY <u>Bellinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bellinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural, Raymond</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - (unincorporated)</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Crab, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>near Crab, Mo. 6090</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Edward</u> b. (Middle) <u>Starling</u> c. (Last) <u>Cato</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 31, 1950</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 <u>Oct 22, 1889</u>	
9. AGE (15 years last birthday) <u>60</u>		10. MONTHS <u>5</u>		11. DAYS <u>9</u>		12. IF UNDER 1 YEAR Hours <u>5</u> Min. <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			
11. BIRTHPLACE (State or foreign country) <u>Bellinger Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Marrie Cato</u>				13b. MOTHER'S MAIDEN NAME <u>Molly Henkle</u>			
14. NAME OF HUSBAND OR WIFE <u>Ernest Cato</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Isaac Crouch</u> ADDRESS <u>Crab, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒				INTERVAL BETWEEN ONSET AND DEATH <u>3.31X</u>			
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) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR _____		22. I hereby certify that I attended the deceased from <u>28 March, 1950</u> to <u>31 March, 1950</u> , that I last saw the deceased alive on <u>31 March, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. H. Merrill, D.O.</u>				23b. ADDRESS <u>Adrian, Mo.</u>		23c. DATE SIGNED <u>April 6, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>April 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deer Creek Cemetery, Near Drexel, Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>April 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan</u> ADDRESS <u>Adrian, Mo.</u>		26. _____	

(Licensed Embalmers' Statement on Reverse Side)

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

SEP 14 1950

RECEIVED

APR 8 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-519

APR 17 1950

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

William H. Morgan

working under my personal supervision.

Student Embalmer No.

Signed

William H. Morgan

Signed

Student Embalmer

Licensed Embalmer No. 4640

P. O. Address Advance, 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.