

FILED AUG 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 24241

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 299				
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Benton		
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place) 5 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) WARSAW, MO		OR TOWN		1080		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hosp				d. STREET ADDRESS RT 1 (RURAL)						
3. NAME OF DECEASED (Type or Print)		a. (First) MABEL		b. (Middle) WILLIAM		c. (Last) CATES		4. DATE OF DEATH (Month) (Day) (Year) July 26, 1950		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH June 10, 1873	9. AGE (In years last birthday) 77	10. MONTHS 1	11. DAYS 16	12. HOURS 0	13. MINUTES 0	14. CITIZEN OF WHAT COUNTRY U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Benton County		12. CITIZEN OF WHAT COUNTRY U.S.				
13a. FATHER'S NAME Clay Drake			13b. MOTHER'S MAIDEN NAME Sue Morgan			14. NAME OF HUSBAND OR WIFE Melred DeChamper			Address Alpena Mich.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Melred DeChamper					ADDRESS Alpena Mich.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac Decompensation, acute						3 days		
	ANTECEDENT CAUSES	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						2 weeks		
	DUE TO (b)	Massive Pleural Effusion, right						over 5 years	unknown	
	DUE TO (c)	Unknown								
	II. OTHER SIGNIFICANT CONDITIONS	Hypertension								
	Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		4222				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 January, 1950, to 26 July, 1950, that I last saw the deceased alive on 26 July, 1950, and that death occurred at 9:20 P.M., from the causes and on the date stated above.										
23a. SIGNATURE David Glenn				(Degree or title) M.D.		23b. ADDRESS Warsaw, Mo		23c. DATE SIGNED 28 July 50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 29, 1950	24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery		24d. LOCATION (City, town, or county) (State) Benton County MO						
DATE REC'D BY LOCAL REG. 7-28, 1950		REGISTRAR'S SIGNATURE W. J. Hall, deputy		25. FUNERAL DIRECTOR'S SIGNATURE John J. Reser		ADDRESS Warsaw, Mo				
(License, Embalmer's Statement on Reverse Side)										

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

RECEIVED 7
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9-21-5

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

John J. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.