

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 97

542

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (in this place) <u>48 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural North East side Lexington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

0540  
7

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>VAN ALLEN</u> c. (Last) <u>CATRON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single, Never Married</u>	8. DATE OF BIRTH <u>July 30, 1865</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>University</u>	11. BIRTHPLACE (State or foreign country) <u>Columbia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Geo. M. Catron</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E? Carter</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>James P. Hall, Lexington, Mo.</u> ADDRESS

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac &amp; Renal Failure</u>		INTERVAL BETWEEN AND DEATH  <u>153X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer Colon, Myocard degeneration, arterio-sclerosis</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 <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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept 25, 1950 to Nov 7, 1950, that I last saw the deceased alive on Nov 2, 1950, and that death occurred at 12:13 AM from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Lexington Mo.</u>	23c. DATE SIGNED <u>11/8/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/10/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>
24d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Nov 16, 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS
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Paid

RECEIVED 11-20-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 11-20-50

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. \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed *L. M. Keane* \_\_\_\_\_

Licensed Embalmer No. 29830

P. O. Address *Lehigh, 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.