

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26374

BIRTH NO.		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 214		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY <u>Carter</u> 0150				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellsinore</u>		c. LENGTH OF STAY (In this place) <u>25 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ellsinore</u> 0150			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own home</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luna</u>		b. (Middle) <u>Eula</u>		c. (Last) <u>Cates</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>aug 14 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 16 1867</u>		9. AGE (In years last birthday) <u>64</u>	10. IF UNDER 1 YEAR: Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>0 Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>B.E. Kingen</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia M. Cain</u>		14. NAME OF HUSBAND OR WIFE <u>Chas Cates</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chas Cates Ellsinore 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of the pancreas</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
19a. DATE OF OPERATION <u>7/16/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of the pancreas</u>				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 <u>7/9/51</u> , 19 <u>51</u> , to <u>7/26/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/26/51</u> , 19 <u>51</u> , and that death occurred at <u>2:55 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. Vermillion, M.D.</u>				23b. ADDRESS <u>Barnes Hospital; St. Louis, Mo.</u>		23c. DATE SIGNED <u>8/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug 15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whites Mill</u>		24d. LOCATION (City, town, or county) (State) <u>Carter Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 23-51</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seaton Hewitt</u>		ADDRESS <u>Van Buren</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 25 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.