

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27750**

FILED SEP 4 1951

BIRTH NO. _____ REG. DIST. NO. **265** PRIMARY REG. DIST. NO. **5896** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foil, R, Noble		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foil, Rural, Noble	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) W.	c. (Last) Cates	4. DATE OF DEATH (Month) (Day) (Year) 8-10-51
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-8-80	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Marshfield, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Cates	13b. MOTHER'S MAIDEN NAME Paralee Whitehurst	14. NAME OF HUSBAND OR WIFE Hattie A. Cates
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Wm. Cates Seattle Wash	ADDRESS
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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) Heart Stroke		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Heart Failure		
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 type="checkbox"/>
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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)
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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?
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I hereby certify that I attended the deceased from **Aug 1, 1951**, to **Aug 9, 1951**, that I last saw the deceased alive on **Aug 9, 1951**, and that death occurred at **8-105A**, from the causes and on the date stated above.

22a. SIGNATURE Wm. Cates (Degree or title)	22b. ADDRESS Boa, Mo.	22c. DATE SIGNED Aug 15/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-12-51	24c. NAME OF CEMETERY OR CREMATORY Peters	24d. LOCATION (City, town, or county) (State) Noble, Missouri
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DATE REC'D BY LOCAL REG. 8-25-51	REGISTRAR'S SIGNATURE Nee Johnson	25. FUNERAL DIRECTOR'S SIGNATURE Glinkingbeard ADDRESS Funeral Home, Ava, Mo.
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 28 1951

Dist. File 851-1545

Date Filed 8-28-51

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.

W. J. Fish

Student
Student Embalmer.

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Dwa, 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.