

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36389

State File No.

FILED DEC 10 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1219

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, <u>0117</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital | | d. STREET ADDRESS (If rural, give location) 3814 St. Joseph Avenue | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) AUDREY | b. (Middle) F | c. (Last) CATRON | 4. DATE OF DEATH (Month) (Day) (Year) November 24 1951 |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 2, 1916 | 9. AGE (In years last birthday) 35 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | Hours | Min. |
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| 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) Coin, Iowa | 12. CITIZEN OF WHAT COUNTRY? U S A |
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| 13a. FATHER'S NAME Ernest Crabtree | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Edward L. Catron |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 491-10-2779 | 17. INFORMANT'S SIGNATURE OR NAME Edward L. Catron | ADDRESS St. Joseph, Mo. |
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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) Cerebral Anoxemia | | 2 hrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock DUE TO (c) Small bowel obstruction | | 48 hrs. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 72 hrs. |

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| 19a. DATE OF OPERATION 11-23-51 | 19b. MAJOR FINDINGS OF OPERATION Jejunal loop herniated thru hole in mesentery <u>5615</u> | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 11-21, 1951, to 11-24, 1951, that I last saw the deceased alive on 11-24, 1951, and that death occurred at 2:18 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE Wm. H. Coarbois (Degree or title) D.O. | 23b. ADDRESS 823 Faraon - St. Joseph, Mo. | 23c. DATE SIGNED 11-24-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Nov. 27, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Mound City Cemetery | 24d. LOCATION (City, town, or county) (State) Mound City, Missouri |
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| DATE REC'D BY LOCAL REG. Dec 4, 1951 | REGISTRAR'S SIGNATURE Carl C. Cash | 25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home, | ADDRESS St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed..... Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.