

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40685

State File No.

FILED DEC 17 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1257

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) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph,	
c. LENGTH OF STAY (In this place) 7 days		d. STREET ADDRESS (If rural, give location) 2117 So. 14th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) _____ c. (Last) Catron			4. DATE OF DEATH (Month) (Day) (Year) December 8, 1951		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH February 4, 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. engineer	10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (State or foreign country) Holt County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Catron	13b. MOTHER'S MAIDEN NAME Mary L. Long	14. NAME OF HUSBAND OR WIFE Nell M. 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. unk.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Nell Catron, 2117 So. 14th, St. Joseph, Mo	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, asthenia, 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) Carcinoma of Mandible - right		
	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.			

19a. DATE OF OPERATION 10-4-51	19b. MAJOR FINDINGS OF OPERATION Excision of mandible	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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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22. I hereby certify that I attended the deceased from 6-11, 1951, to 12-8, 1951, that I last saw the deceased alive on 12-7, 1951, and that death occurred at 12:20a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.P. Lenson M.D.	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 12-8-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/11/1951	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	24d. LOCATION (City, town, or county) (State) Mound City, Missouri
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DATE REC'D BY LOCAL REG. Dec. 13, 1951	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Neaton Bowman Funeral Home	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117
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2001 G. W. H.

W. Brown

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.....

Signed.....
Student Embalmer

Signed *James B. Hawkins*

Licensed Embalmer No. *4531*

P. O. Address *319 South 10th St*

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.