

STANDARD CERTIFICATE OF DEATH

State File No. **13653**

FILED MAY 7 1952

BIRTH NO. _____

REG. DIST. NO. **238**PRIMARY REG. DIST. NO. **4355**Registrar's No. **24**

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID 072-1	
		d. STREET ADDRESS (If rural, give location) MILL ST	
3. NAME OF DECEASED (Type or Print) a. (First) EDJAR		b. (Middle) LEE c. (Last) CATHEY	
4. DATE OF DEATH April-27-52		5. SEX MALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH DEC 10 1882		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (State or foreign country) KY.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. W. CATHEY		13b. MOTHER'S MAIDEN NAME SALLY FEGGUES	
14. NAME OF HUSBAND OR WIFE SUSSIE E. CATHEY		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. 408-30-4827		17. INFORMANT'S SIGNATURE OR NAME PAUL CATHEY ADDRESS FULTON KY	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid 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.			
18a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23. SIGNATURE W. H. Hedgespeth (Degree or title) Coroner		23b. ADDRESS New Madrid, Mo.	
23c. DATE SIGNED 4/28/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4/29/52	
24c. NAME OF CEMETERY OR CREMATORY WATER VALLEY		24d. LOCATION (City, town, or county) (State) WATER VALLEY KY.	
DATE REC'D BY LOCAL REG. 5-2-53		REGISTRAR'S SIGNATURE Helen Louisa Jones	
116-0		GENERAL DIRECTOR'S SIGNATURE Richard C. Underwood ADDRESS New Madrid Mo	

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address New Madrid, 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.