

FILED AUG 1 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25435

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>298</u>		PRIMARY REG. DIST. NO. <u>6824</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Ray</u> <u>0890</u> <u>1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> <u>0890</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELMIRA Polk Twp.</u>		c. LENGTH OF STAY (In this place) <u>22 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmira</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home Elmira, Mo</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>WALTER CARL CATHCART</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH <u>July, 22-1952</u>		(Month) (Day) (Year)				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u>		8. DATE OF BIRTH <u>Sept. 13-1908</u>			
9. AGE (In years last birthday) <u>43</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>9</u>		11. BIRTHPLACE (State or foreign country) <u>Jerome, La.!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>		11. BIRTHPLACE (State or foreign country)			
13a. FATHER'S NAME <u>Thomas Cathcart</u>				13b. MOTHER'S MAIDEN NAME <u>Jean Allen</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>487-07-0683</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R.A. Cathcart, 312 Chestnut Street, Ray, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sun Shot. Wound</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>self inflicted</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. DOCUMENT SUICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Elmira Ray MO</u>		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July-22-52 7A<sup>m</sup></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
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.									
23a. SIGNATURE (Degree or title) <u>Dr. John F. Baber, coroner</u>				23b. ADDRESS <u>Richmond mo</u>		23c. DATE SIGNED <u>7-23-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmira Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elmira MO</u>			
DATE RECD BY LOCAL REG. <u>July 26 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Moore</u>		364-90		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Lawson, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 7 1952

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 *Linnert Garrison*

Licensed Embalmer No. *4589*

*Excelsior Springs, 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.