

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13421**
Registrar's No. **282**

BIRTH NO. **MAY 7 1953** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5142**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ark. b. COUNTY Clay	
b. CITY OR TOWN Neely Twp.		c. CITY OR TOWN Rural Johnson 8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway		d. STREET ADDRESS (If rural, give location) Boydsville Ark. Rt1	

3. NAME OF DECEASED (Type or Print) a. (First) Doil b. (Middle) Irvin c. (Last) Cato			4. DATE OF DEATH (Month) (Day) (Year) 4-24-53		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 18, 1919		9. AGE (In years last birthday) 33		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) Boydsville Ark			12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME Star Cato		13b. MOTHER'S MAIDEN NAME Mollie Nixon		14. NAME OF HUSBAND OR WIFE Opal Cato	
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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) Yes WW2		16. SOCIAL SECURITY NO. 432-48-0528		17. INFORMANT'S SIGNATURE OR NAME Opal Cato	
				ADDRESS Boydsville Ark.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture skull					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) internal injuries DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8161 26					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 012		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway Neely Twp.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Butler MO	
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21d. TIME OF INJURY April 24-53 7:25 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR was on a tractor in a track and got hit with the rear by an automobile	
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22. I hereby certify that I attended the deceased from **alive on** **19**, and that death occurred at **7:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE George W. Green		23b. ADDRESS Colonel Postlar Blvd MO		23c. DATE SIGNED 4/29-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 4-27-53		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	
				24d. LOCATION (City, town, or county) (State) Boydsville Ark	

DATE REC'D BY LOCAL REG. 5/2/53		REGISTRAR'S SIGNATURE W. H. Irby		25. FUNERAL DIRECTOR'S SIGNATURE Rector, Ark	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1120
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RECEIVED
MAY 5 1953

EMERALD CO. HEALTH CENTER

FILE No. 553-212

MAY 7 1953

MAY 12 1953

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 Don W. McBride

Licensed Embalmer No. 776

P. O. Address Reisterstown, Md.

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.