No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17842

FILED MAY 19 1953

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5525 Registrar's No. 33

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

1. PLACE OF DEATH
a. COUNTY Hickory 0430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Avery
c. LENGTH OF STAY (in this place) 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Center of Avery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Avery 0430
d. STREET ADDRESS (If rural, give location) Center of Avery 0

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Lilburn c. (Last) Cates

4. DATE OF DEATH (Month) May (Day) 7 (Year) 1953

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Mar. 15 1876
9. AGE (In years last birthday) 77 — If under 1 year: Months 1, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Hickory Co, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elie S. Cates
13b. MOTHER'S MAIDEN NAME Hanah Robertson
14. NAME OF HUSBAND OR WIFE Mytre Cates - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Chester Cates - Fairfield, Mo ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver — 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 1561
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15, 1953, *to* 5/7, 1953, *that I last saw the deceased alive on* 5/7, 1953, *and that death occurred at* 7:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE G. G. Robinson (Degree or title) M.D.
23b. ADDRESS Humansville, Mo
23c. DATE SIGNED 5/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-9-53
24c. NAME OF CEMETERY OR CREMATORY Avery Spring Branch
24d. LOCATION (City, town, or county) Avery Mo (State)

DATE REC'D BY LOCAL REG. 5-14-1953
REGISTRAR'S SIGNATURE May Johnson 469
25. FUNERAL DIRECTOR'S SIGNATURE Gilbert Hathaway - Wheatland, Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. Gilbert Patterson

Licensed Embalmer No. 4267

P. O. Address Waterford, Me

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.