

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17940

2490

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 149  |  | PRIMARY REG. DIST. NO. 1002   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON 3372   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City  |  | c. LENGTH OF STAY (In this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0  |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 24th + Olive  |  |   |  | d. STREET ADDRESS (If rural, give location) 2634 Montgall   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Leroy   |  | b. (Middle) _____   |  | c. (Last) Cato  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>5 8 1953                                   |  |
| 5. SEX Male   |  | 6. COLOR OR RACE Negro  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  |  | 8. DATE OF BIRTH 11-18-1918   |  |
| 9. AGE (In years last birthday) 34  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (City and State or Foreign Country) Davis Oklahoma                   |  |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A.   |  | 13a. FATHER'S NAME Mack Cato  |  | 13b. MOTHER'S MAIDEN NAME Ethel Filson  |  | 14. NAME OF HUSBAND OR WIFE Geraldine Cato  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. 2.   |  | 16. SOCIAL SECURITY NO. 44-10-6805  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maybell Hill 2634 Montgall   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br>99301                                       |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) ?  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown  |  | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) R.C. Jackson Mo   |  | 21d. HOW DID INJURY OCCUR? found on sidewalk  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5/8/53 9:00 AM  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 [Signature] (Degree or title) M.D.   |  | 23b. ADDRESS 1612 E 12th  |  | 23c. DATE SIGNED 5/14/53  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  | 24b. DATE 5-15-53   |  | 24c. NAME OF CEMETERY OR CREMATORY Lincoln  |  | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo                       |  |
| DATE REC'D BY LOCAL REG. 5-15-53  |  | REGISTRAR'S SIGNATURE [Signature]   |  | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature]  |  | ADDRESS K.C. Mo   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 \_\_\_\_\_

*J. F. Ramsey*

Licensed Embalmer No. 4081

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.