

No. 30
10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35488

State File No.

FILED OCT 26 1953

BIRTH NO. 69315-53 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Emiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bennett</u>		c. CITY OR TOWN <u>Kennett</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>24 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Rt # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Danny</u> b. (Middle) <u>Joe</u> c. (Last) <u>Cates</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-17-53</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>10-16-53</u>		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>1 day</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Memorial Hospital</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Oddie Cates Cates</u>		13b. MOTHER'S MAIDEN NAME <u>Birdie L. Downs</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify circumstances) (If yes, give year or dates of service) <u>None</u>	
15. SOCIAL SECURITY NO. <u>None</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Cather Cates</u>			
17. ADDRESS <u>Rt # 3 Kennett, Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Aneurysm</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7600</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 10-16-53, 1953, to 10-17, 1953, that I last saw the deceased alive on 10-17, 1953, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James C. Blodgett</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>20 Oct 1953</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Hayti, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>			
DATE REC'D BY LOCAL REG. <u>10-22-53</u>		REGISTRAR'S SIGNATURE <u>Carl H. ...</u>		ADDRESS <u>Hayti, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3520

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT.....10-27-53

COUNTY FILE NUMBER 1053-22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Raymond L. Suffer*.....

Licensed Embalmer No. 479

P. O. Address *Hayti, 7*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.