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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35652

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 153

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

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place): 4 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cullers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton Rural 0400 1
d. STREET ADDRESS (If rural, give location): 6 miles east

3. NAME OF DECEASED (Type or Print)
a. (First): MARK
b. (Middle): BERTRAM
c. (Last): CATE

4. DATE OF DEATH (Month) (Day) (Year): 10-25-1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 2-12-1881
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — 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: Farmer
11. BIRTHPLACE (State or foreign country): De Kalb Co. Iowa 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm C Cate
13b. MOTHER'S MAIDEN NAME: Estella Ritchie
14. NAME OF HUSBAND OR WIFE: Gussie Cate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs Gussie Cate — ADDRESS: Trenton Mo

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) Terminal stages of Uremia — INTERVAL BETWEEN ONSET AND DEATH: Two weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Toxemia & generalized weakness — 6 weeks
DUE TO (c) Malignancy of Colon — 3 years

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
153X
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* July, 1950, *to* Oct. 18, 1953, *that I last saw the deceased alive on* Oct 23, 1953, *and that death occurred at* 4:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H.W. Eitel DO. 2
23b. ADDRESS: Galt Missouri
23c. DATE SIGNED: Oct 27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-28-1953
24c. NAME OF CEMETERY OR CREMATORY: Rural Dale
24d. LOCATION (City, town, or county) (State): Trenton Mo

DATE REC'D BY LOCAL REG.: 10-28-53
REGISTRAR'S SIGNATURE: Dee Jair 115
25. FUNERAL DIRECTOR'S SIGNATURE: P K Payne & Son — ADDRESS: Galt Mo

(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 P K Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt.

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.