No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9654

State File No. .....

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4966 Registrar's No. 16-

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Lauenworth
c. CITY OR TOWN: Lauenworth
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 507 South 10th St 8150 8

3. NAME OF DECEASED (Type or Print)
a. (First): Lowell
b. (Middle): Dean
c. (Last): Cothern

4. DATE OF DEATH (Month) (Day) (Year): 3 - 14 - 54

5. SEX: Male D
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-11-1928
9. AGE (In years last birthday): 26 — 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): Welder
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Cardona, Alabama
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: J. W. Cathern
13b. MOTHER'S MAIDEN NAME: Mae Woodard
14. NAME OF HUSBAND OR WIFE: Janice Cathern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): War II - Navy
16. SOCIAL SECURITY NO.: 510-22-1935
17. INFORMANT'S SIGNATURE OR NAME: J. W. Cathern, Calico Rock, Ark — 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): SKULL FRACTURE & BURNING

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): WALDRON TWP. PLATTE Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: AUTO ACCIDENT 083

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* APPROX 5:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roland M. Giffee, Coroner
23b. ADDRESS: Platte City, Mo.
23c. DATE SIGNED: 3-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-19-54
24c. NAME OF CEMETERY OR CREMATORY: Rose Lawn
24d. LOCATION (City, town, or county) (State): Calico Rock, Arkansas

DATE REC'D BY LOCAL REG.: Mar 16-54
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hall Funeral Home Calico Rock.

(Licensed Embalmer's Statement on Reverse Side)

MAR 31 1954

This body was burned too bad, only the cavity work could be done

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 345

P. O. Address Parkville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.