

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30151**

FILED OCT 6 1954

BIRTH NO. _____ REG. DIST. NO. **84** PRIMARY REG. DIST. NO. **5319** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY OR TOWN Atterville Sup (Rural)		c. CITY OR TOWN Atterville	d. In Residence (Within limits of a city or incorporated town?) No
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 2 miles north of Atterville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles north of Atterville			

3. NAME OF DECEASED (Type or Print) SAMUEL - CHURCHVILLE - CATON			4. DATE OF DEATH (Month) (Day) (Year) Sept 29, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	
8. DATE OF BIRTH Aug. 25, 1874		9. AGE (In years, Months, Days, Hours, Min.) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Atterville, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Kimball Caton		13b. MOTHER'S MAIDEN NAME Nancy Starke		14. NAME OF HUSBAND OR WIFE Virginia Belle Caton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME See Caton, Palat Grove, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		ANTECEDENT CAUSES		10 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Hypertension		4 yrs.	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. Sanity			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 331 X YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		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 **April 5, 1950**, to **Sept. 29, 1954**, that I last saw the deceased alive on **Sept 29, 1954**, and that death occurred at **10:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. L. Holden M.D.		23b. ADDRESS 1116 W. 3rd St. S. d. 1116 Mo		23c. DATE SIGNED 10/1/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 1, 1954		24c. NAME OF CEMETERY OR CREMATORY In O. O. F. Ceme.	
				24d. LOCATION (City, town, or county) (State) Atterville, Mo.	

DATE REC'D BY LOCAL REG. Oct 1-1954		REGISTRAR'S SIGNATURE Hellie M. Leitch		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Hays - Painter, Atterville, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

270

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.....
Signature of Student Embalmer

Signed..... *Raymond E. Hayes*

Licensed Embalmer No. *307*

P. O. Address *Pilot Grove*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.