FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39871

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 85

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bloomfield
d. STREET ADDRESS (If rural, give location): 1-C 3-0 0

3. NAME OF DECEASED (Type or Print)
a. (First): CORA
b. (Middle): ANN
c. (Last): CATES

4. DATE OF DEATH (Month) (Day) (Year): 11 15 1954

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 2-26-1874
9. AGE (In years last birthday): 80
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (City and State or Foreign Country): Bloomfield, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Wm Eaton
13b. MOTHER'S MAIDEN NAME: Edie Reed
14. NAME OF HUSBAND OR WIFE: R. J. Cates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: R. J. Cates
ADDRESS: Bloomfield 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis + Hypertension
DUE TO (c)

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: 3:31 X
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): Bloomfield, Stoddard 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?

22. *I hereby certify that I attended the deceased from* Oct. 25, 1954, *to* Oct. 31, 1954, *that I last saw the deceased alive on* Oct. 31, 1954, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harriet E. Parker, M.D.
23b. ADDRESS: Dexter, Mo.
23c. DATE SIGNED: 11-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-17-54
24c. NAME OF CEMETERY OR CREMATORY: North Antioch Cem.
24d. LOCATION (City, town, or county) (State): Bloomfield Mo.

DATE REC'D BY LOCAL REG.: 11-26-54
REGISTRAR'S SIGNATURE: Lois E. Mooney
510-6
25. FUNERAL DIRECTOR'S SIGNATURE: Wm H Morgan
ADDRESS: Advance, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 William H Morg—

Licensed Embalmer No. 4640

P. O. Address Advance,

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

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