

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

32724

FILED NOV 14 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 71

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Dunklin</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Dunklin</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>Campbell</u>	c. LENGTH OF STAY (in this place) <u>15 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Campbell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 Wilson Street</u>		d. STREET ADDRESS (If rural, give location) <u>303 Wilson Street</u>	

3. NAME OF DECEASED (Type or Print) <u>WILLIAM L. CATES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 19, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 19, 1955</u>		9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Section hand (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Idilia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Joseph C. Cates</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hopkins</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Jane Cates</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida Jane Cates, Campbell, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cerebro-Vascular Accident.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular disease.</u> DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs.</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)	
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 10/19, 1953, to _____, 19____, that I last saw the deceased alive on 10/19, 1953, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wallace A. Selsby MD</u>		23b. ADDRESS <u>Campbell, Mo.</u>		23c. DATE SIGNED <u>10/21/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 23, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walker Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bloomfield, Mo. R. R.</u>	
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DATE REC'D BY LOCAL REG. <u>10-22-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Pauline Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo</u>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE OF DEATH
DATE OF BURIAL 10-21-55
LOCAL FILE NUMBER 10.55-2

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo.

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

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