

FILED NOV 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 37575

BIRTH NO.		REG. DIST. NO. 242		PRIMARY REG. DIST. NO. 4362		Registrar's No. 7					
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morehouse		c. LENGTH OF STAY (In this place) 1 hour		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		d. STREET ADDRESS (If rural, give location) 221 Young St.					
3. NAME OF DECEASED (Type or Print) Herman			a. (First)		b. (Middle)		c. (Last) Cathey				
4. DATE OF DEATH (Month) (Day) (Year) Oct. 24, 1955			5. SEX Male			6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Sept. 6, 1898			9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Month Days 1 18		IF UNDER 10 HRS. Hours Min. 18				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY -----			11. BIRTHPLACE (City and State or Foreign Country) Tate County, Miss.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Ben Cathey			13b. MOTHER'S MAIDEN NAME Unk.			14. NAME OF HUSBAND OR WIFE Florence Cathey					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 425-48-9723		17. INFORMANT'S SIGNATURE OR NAME Mrs. Georgia Newsom, 221 Young, Sikeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical attendant						INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) by all record death was due								
			DUE TO (c) Its acute myocarditis								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			431X								
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 _____ AS CORONER ONLY _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 P.m., from the causes and on the date stated above.											
23a. SIGNATURE [Signature] Coroner New Madrid, Mo. 10-29-55				23b. ADDRESS New Madrid, Mo.				23c. DATE SIGNED 10-29-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 28, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Addition Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston, Missouri					
DATE REC'D BY LOCAL REG. 11-5-55		REGISTRAR'S SIGNATURE Kathryn L. McBain			25. FUNERAL DIRECTOR'S SIGNATURE J. J. Sparks		ADDRESS Sikeston, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED NOV 15 1955
NEW MADRID CO. HEALTH CENTER

P. G. S.

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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

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