No. 300
10.48

FILED MAY 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12565

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 264

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 12 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osteopathic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Bollinger
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sturdivant, Wayne Twp
d. STREET ADDRESS (If rural, give location): R-Sturdivant

3. NAME OF DECEASED (Type or Print): a. (First) JOANN b. (Middle) Powell c. (Last) Cato
4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 1956
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 15, 1937
9. AGE (In years last birthday): 18 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (City and State or Foreign Country): Mississippi Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: JOSEPH GAIL POWELL
13b. MOTHER'S MAIDEN NAME: LOVIE WILLIAMS
14. NAME OF HUSBAND OR WIFE: JAMES T. CATO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: JAMES T. CATO — ADDRESS: STURDIVANT, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure — 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) Decompensated Hypertensive Heart Disease

DUE TO (c) Eclampsia (Post Delivery)

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: 685 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)
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* 4/27, 1956, *to* 5/4, 1956, *that I last saw the deceased alive on* 5/4, 1956, *and that death occurred at* 3:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: N. Newell (Degree or title) D.O.
23b. ADDRESS: 285 S. Spring Cape Girardeau Mo.
23c. DATE SIGNED: 5/9/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5/6/56
24c. NAME OF CEMETERY OR CREMATORY: MORGAN MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): ADVANCE Mo.

DATE REC'D BY LOCAL REG.: 5-9-56
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs. Lloyd S. Mouzon Sr. — ADDRESS: Advance Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

44-0

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 Wm. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance Mo.

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