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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

XC-Unknown
RN 11730

FILED JUN 7 1956

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 314

BIRTH NO. _____

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, write RURAL and give town or township) Poplar Bluff 0

c. LENGTH OF STAY (If in place) 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)

a. STATE Missouri

b. COUNTY Cape Girardeau

c. CITY OR TOWN Cape Girardeau

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 507 Amethyst

3. NAME OF DECEASED (Type or Print)

a. (First) Fred

b. (Middle) (nmi)

c. (Last) Cato

4. DATE OF DEATH (Month) (Day) (Year) May 24, 1956

5. SEX male

6. COLOR OR RACE negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 3/25/95

9. AGE (In years) (Month) (Day) (Hour) (Min.) 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heavy Equip. Opr.

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (City and State or Foreign Country) Greenbrier, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Pete Cato

13b. MOTHER'S MAIDEN NAME Delie Gilroney

14. NAME OF HUSBAND OR WIFE Viola Cato

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI

16. SOCIAL SECURITY NO. 499-05-82

17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records

ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? 331x 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) VA

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 May 21, 1956, to May 24, 1956, and that death occurred at 6:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) E. D. BASKETT, M.D., Chf. Med. Sv.

23b. ADDRESS VAH, POPLAR BLUFF, MO.

23c. DATE SIGNED 5-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 5-24-56

24c. NAME OF CEMETERY OR CREMATORY Cape Girardeau

24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG. 5/31/56

REGISTRAR'S SIGNATURE PK O'Donoghue

25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell

ADDRESS Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

89

RECEIVED
JUN 4 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Charles E. Mungle

Licensed Embalmer No. 48

P. O. Address Poplar, K

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.