THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35349

FILED NOV 16 1956 Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 9262 Registrar's No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Festus 0501 Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in 1b	d. STREET ADDRESS 714 Huber (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First David	Middle N.	Last Cate	4. DATE OF DEATH Month Oct. Day 9 Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Sept 19, 1927	9. AGE (In years last birthday) 29 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) Worker	10b. KIND OF BUSINESS OR INDUSTRY Chemical Co.,	11. BIRTHPLACE (City and state or country) Lonoke, Arkansas.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME C. F. Cate		14. MOTHER'S MAIDEN NAME Elsie White		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) Nil	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Doris Cate, Festus, Missouri.	Address

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Aplastic Anemia — INTERVAL BETWEEN ONSET AND DEATH 2 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 292.4

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

Gastro-intestinal hemorrhage

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from Sept. 27, 1956 to Oct. 9, 1956 and last saw her/him alive on Oct. 9, 1956

Death occurred at 7:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) FR Bradley M. D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 10/9/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-9-56	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Beebe, Arkansas.
24. FUNERAL DIRECTOR Albert H. Hoppe	ADDRESS 4700 Washington Blvd.,	25. DATE RECD. BY LOCAL REG. OCT 10 1956	26. REGISTRAR'S SIGNATURE Earl Smith MD MRB

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAR 2 8 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R. H. Remelius

Licensed Embalmer No. 42

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.