

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

155

State File No.

FILED FEB 4 1958

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Zalma, Wayne</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Zalma</u>		d. Is Residence within limits of a city or incorporated town? No <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home - Watch Twp.</u>				STREET ADDRESS (If rural, give location) <u>1 1/2 South of Zalma</u>			
3. NAME OF DECEASED (Type or Print) <u>Nathan</u>		a. (First) <u>A.</u>		c. (Last) <u>Cato</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17, 1958</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>Aug. 15, 1897</u>	
9. AGE (in years last birthday) <u>80</u>		10. SEX <u>5</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF WIDOWED OR WIFE <u>Hettie Borders</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hettie Borders Cato</u> ADDRESS <u>Zalma, Mo</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cephyria</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tracheo-bronchitis, Bronchiditis acute</u> DUE TO (c) <u>Broncho-pneumonia 1-2 weeks.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>chronic</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>3</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		491X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		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 <u>1-16-58</u> to <u>1-19-58</u> , that I last saw the deceased alive on <u>was not</u> and the cause of death <u>was not</u> from the causes and in the manner stated above.							
23a. SIGNATURE <u>H. J. Freitas</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Luttwell, Mo.</u>		23c. DATE SIGNED <u>1-20-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bach Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-28-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Cader</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm N. Morgan</u>		ADDRESS <u>Advocate, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 464

P. O. Address Advance

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.