Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-024387
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 3575 Primary Registration District No. 4525 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Milo — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Milo — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Vernon
c. CITY OR TOWN: Nevada 10800 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Caroline — Middle: — Last: Caton

4. DATE OF DEATH: Month: April — Day: 24 — Year: 58

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: May 12, 1877
9. AGE (In years last birthday): 81 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): UK 9
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: John Conner
13b. MOTHER'S MAIDEN NAME: Sarah Wyant
14. NAME OF HUSBAND OR WIFE: Fred Caton

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 Address: Mrs. Ollie McCellan, Milo Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage Rt. — INTERVAL BETWEEN ONSET AND DEATH: One day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Causing Left. Hemiplegia.
DUE TO (c): 331X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): none.
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT SUICIDE HOMICIDE: None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): None.
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: Nevada — COUNTY: Vernon — STATE: Mo

21. I attended the deceased from Apr 24/1958, to Apr 24/1958 and last saw him alive on Apr 24th 1958.
Death occurred at 10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W S Pave MD
22b. ADDRESS: Nevada, Mo.
22c. DATE SIGNED: 4-26-58.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aprl 28 58
23c. NAME OF CEMETERY OR CREMATORY: Milo
23d. LOCATION (City, town, or county) (State): Milo Mo

24. FUNERAL DIRECTOR ADDRESS: ~~Beeny Funeral~~ Beeny Funeral Home Sheldon
25. DATE RECD. BY LOCAL REG.: June 16 1958
26. REGISTRAR'S SIGNATURE: Mrs. Ruth Faith

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 ..... Signed L Gerald Beery
Signature of Student Embalmer

Licensed Embalmer No. 4203
P. O. Address Sheldon 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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