

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024715

FILED JUL 17 1958

REG.#16674

Registration District No. 43

Primary Registration District No. 3007

STATE FILE NUMBER

Registrar's No. 497

300
1-57

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY CAPE GIRARDEAU		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CAPE GIRARDEAU 6164c		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 4 DAYS	d. STREET ADDRESS (If outside, give location) 127R S. FREDERIC ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PAUL Middle (MMI) Last CATO			4. DATE OF DEATH Month JUNE Day 27 Year 1958		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-4-92		9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) BOLLINGER CO., MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JOHN CATO		13b. MOTHER'S MAIDEN NAME SARAH MCGEE		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NO. 490057617		17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, 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) 1. OBSTRUCTION, COMPLETE OF TRANSVERSE COLON DUE TO ADHESIONS FOLLOWING SURGERY. DUE TO (b) 2. GANGRENE AND PERFORATION OF SMALL BOWEL WITH SECONDARY PERITONITIS, SECONDARY TO DG.#1. DUE TO (c) 3. MALNUTRITION, EXTREME, SECONDARY TO DG.#1. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness condition given in PART I (a) 1. ARTERIOSCLEROTIC HEART DISEASE. 2. POSITIVE SEROLOGY. 3. INTERNAL EXTERNAL HEMORRHOIDS. 4. NON-FUNCTIONING GALL BLADDER.					INTERVAL BETWEEN ONSET AND DEATH 4 1/2 MONTHS. 1 DAY.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) .5705 B.			
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VA		20g. COUNTY		20h. STATE	
21. I attended the deceased from June 23, 1958 to June 27, 1958 from the time of death which occurred at 7:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. W. GASKINS, M.D., Chief, Surg. Svc.			22b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		22c. DATE SIGNED 6/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-27-58	23c. NAME OF CEMETERY OR CREMATORY Fairmount Cem.		23d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Poplar Bluff, Mo.			25. DATE RECD. BY LOCAL REG. 7/12/58		26. REGISTRAR'S SIGNATURE R. M. ...

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.

JUL 2 1958

RECEIVED

JUL 1 1958

BUTLER CO. HEALTH CENTER

FILE NO. _____

X _____

JUL 23 1958

CATO

(1951)

JUL

X

28

10-4-52

INDRO

INDRO

JUL 17 1958

BUTLER CO. HEALTH CENTER

UNKNOWN

UNKNOWN

INDRO

INDRO

INDRO

AV HOSPITAL RECORDS, POPLAR BLUFF, MO.

AV HOSPITAL RECORDS, POPLAR BLUFF, MO.

INDRO

INDRO

STATEMENT OF TRAINING RECORD FOR

STATEMENT BY LICENSED EMBALMER

STATEMENT BY LICENSED EMBALMER

STATEMENT BY LICENSED EMBALMER

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 _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *Donald L. Roberts*

Licensed Embalmer No. *71727*

P. O. Address *Poplar Bluff*

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.