

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002074

FILED VS JAN 27 1960

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Washington		Length of stay in 1b 6 mos		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5720 E 101 Terr			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5720 E 101 Terr		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Thomas Middle Bertram Last Caton				4. DATE OF DEATH Month 1 Day 22 Year 1960							
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 6-4-03	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard			10b. KIND OF BUSINESS OR INDUSTRY Pinkerton Co,		11. BIRTHPLACE (City and state or country) Mound City, Missouri		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME A, B. Caton			13b. MOTHER'S MAIDEN NAME Pearl Gillis			14. NAME OF HUSBAND OR WIFE - - -					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 487-03-9605		17. INFORMANT Bernard Caton, 5720 E 101 Terr				Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) In car in closed garage							
20c. TIME OF INJURY 3:30 p.m.		Hour Month, Day, Year 1-22-60		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Richmanville		COUNTY Jackson		STATE MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) D. C. Cooley, M.D.				22b. ADDRESS 6627 West 45 St				22c. DATE SIGNED 1-22-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/23/60		23c. NAME OF CEMETERY OR CREMATORY Mound City		23d. LOCATION (City, town, or county) (State) Mound City, Missouri					
24. FUNERAL DIRECTOR E.K. George & Sons Grandview, Mo.				25. DATE RECD. BY LOCAL REG. 1/22/60		26. REGISTRAR'S SIGNATURE D. C. Cooley					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FORM 2

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Sterling E. Goddard

Licensed Embalmer No. 4911

P. O. Address Grandview

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.