

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005084

FILED VS MAR 2 1960

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 17

STATE FILE NUMBER

INDEXED

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, give TOWNSHIP only) OR TOWN <u>Zalma</u>	Length of stay in 1b <u>30 yrs</u>	c. CITY OR TOWN <u>Zalma</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) <u>Route 1</u>		d. STREET ADDRESS (If outside, give location) <u>Route 1,</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle _____ Last <u>CATO</u>	4. DATE OF DEATH Month <u>Feb.</u> Day <u>18</u> Year <u>1960</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-30-1896</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u> Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Household</u>	11. BIRTHPLACE (City and state or country) <u>Lutesville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>John W. Baker</u>	13b. MOTHER'S MAIDEN NAME <u>Louinda Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Starling Cato</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>FLORA Crouch, Rm 1, Wardell, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>10 Min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY THROMBOSIS</u>	<u>1 Hour.</u>
DUE TO (c) <u>ARTERIO SCLEROSIS</u>	<u>Years</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Bronchitis</u>	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY	STATE
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21. I attended the deceased from JULY 58 to FEB 18-60 and last saw her alive on FEB-16.
Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>L.A. Masters</u> (Degree or title)	22b. ADDRESS <u>Advance, Mo. 22060</u>	22c. DATE SIGNED <u>2-20-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-20-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bearing</u>	23d. LOCATION (City, town, or county) (State) <u>Bollinger Co., Mo.</u>
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24. FUNERAL DIRECTOR <u>W-H Morgan</u> ADDRESS <u>Advance, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2/23/60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 W^m H. Meyer

Licensed Embalmer No. 4640

P. O. Address Advocate

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.