# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 1960

60-026000
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 435

ENDED

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|---|---|
| 1. PLACE OF DEATH a. COUNTY: Butler | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Butler |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Poplar Bluff — Length of stay in 1b: Life | c. CITY OR TOWN: Poplar Bluff — Inside Limits: Yes ☐ No ☒ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lucy Lee Hospital — Inside Limits: Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location): Route # 1 — Reside on Farm: Yes ☐ No ☐ |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: ORA | Middle: OTTWELL | Last: CATTRON | 4. DATE OF DEATH: Month July, Day 15, Year 1960 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ | 8. DATE OF BIRTH: 8-26-1890 | 9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Trucker | 10b. KIND OF BUSINESS OR INDUSTRY: Farming | 11. BIRTHPLACE (City and state or country): Taskee, Missouri | 12. CITIZEN OF WHAT COUNTRY: USA | |
| 13a. FATHER'S NAME: John Cattron | 13b. MOTHER'S MAIDEN NAME: Iona Smoot | 14. NAME OF HUSBAND OR WIFE: Alice Cattron | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None | 16. SOCIAL SECURITY NO.: 499-32-0644 | 17. INFORMANT: Earl Cattron — Address: Poplar Bluff, Mo. | | |

MEDICAL CERTIFICATION

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 vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 30 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Generalized Arteriosclerosis — unk

DUE TO (c): Stoke Adams Syndrome

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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 — COUNTY — STATE

21. I attended the deceased from 6-20-60, to 7-15-60 and last saw him alive on 7-15-60

Death occurred at 12:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | |
|---|---|---|---|
| 22a. SIGNATURE (Degree or title): John K. Longhurst M.D. | 22b. ADDRESS: Poplar Bluff, Missouri | 22c. DATE SIGNED: 7-22-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 7-17-60 | 23c. NAME OF CEMETERY OR CREMATORY: Cool Springs Cemetery | 23d. LOCATION (City, town, or county) (State): Near Taskee, Missouri |
| 24. FUNERAL DIRECTOR — ADDRESS: Greer Croy & Fitch Poplar Bluff, Mo. | 25. DATE RECD. BY LOCAL REG.: 7/23/60 | 26. REGISTRAR'S SIGNATURE: [signature] | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Philip J. Casserly

Licensed Embalmer No. 4618

P. O. Address Poplar Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.