

## FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 15 1960

-60-037407

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. 4042 Registrar's No. 29

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bollinger</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                             |                                                                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> |                                                         |                                                                                      |                                                                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Lutesville</u>                                                                                                                                                                                                                                                                                                                                                                                                       |                                  | Length of stay in 1b<br><u>5 mo.</u>                                                                                                                        |                                                                                      | c. CITY OR TOWN <u>Greenbriar</u>                                                                                                            |                                                         | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                                                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Rest Home</u>                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                             | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                                                                                                                              | d. STREET ADDRESS (If outside, give location)           |                                                                                      | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>William Green Cato</u>                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                                                                                                                                             |                                                                                      | 4. DATE OF DEATH<br>Month Day Year<br><u>Nov. 1, 1960</u>                                                                                    |                                                         |                                                                                      |                                                                                       |
| 5. SEX<br><u>male</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6. COLOR OR RACE<br><u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>3-4-78</u>                                                    | 9. AGE (last birthday)<br><u>82</u>                                                                                                          | IF UNDER 1 YEAR<br>Months Days Hours Min.               |                                                                                      | IF UNDER 24 HR<br>Hours Min.                                                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Merchant (retired)</u>                                                                                                                                                                                                                                                                                                                                                                     |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>General Store</u>                                                                                                   |                                                                                      | 11. BIRTHPLACE (City and state or country)<br><u>Hood Co., Texas</u>                                                                         |                                                         | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                                         |                                                                                       |
| 13a. FATHER'S NAME<br><u>Nathan Cato</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |                                                                                                                                                             | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah J. Kinder</u>                                  |                                                                                                                                              | 14. NAME OF HUSBAND OR WIFE<br><u>deceased</u>          |                                                                                      |                                                                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> <u>X X X X X X X X</u>                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                             | 16. SOCIAL SECURITY NO.<br><u>none</u>                                               |                                                                                                                                              | 17. INFORMANT<br><u>Juanita Hendrix Sturdivant, Mo.</u> |                                                                                      |                                                                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u><br>DUE TO (b) <u>Cerebral hemorrhage</u><br>DUE TO (c) <u>Atherosclerosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u> |                                  |                                                                                                                                                             |                                                                                      |                                                                                                                                              |                                                         | INTERVAL BETWEEN ONSET AND DEATH                                                     |                                                                                       |
| 19. WAS AUTOPSY PERFORMED?<br>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.)                                                 |                                                         |                                                                                      |                                                                                       |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |                                                                                                                                                             |                                                                                      |                                                                                                                                              |                                                         |                                                                                      |                                                                                       |
| 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                                                                                 |
| 21. I attended the deceased from <u>6/4/60</u> to <u>11/1/60</u> and last saw him alive on <u>11/1/60</u> .<br>Death occurred at <u>6:15 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                           |                                  |                                                                                                                                                             |                                                                                      |                                                                                                                                              |                                                         |                                                                                      |                                                                                       |
| 22a. SIGNATURE<br><u>John J. Hyman MD</u> (Degree or title)                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                                                                                                                                             |                                                                                      | 22b. ADDRESS<br><u>Lutesville Mo</u>                                                                                                         |                                                         | 22c. DATE SIGNED<br><u>11/9/60</u> (Date)                                            |                                                                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 23b. DATE<br><u>11-3-60</u>                                                                                                                                 |                                                                                      | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Cato cemetery</u>                                                                                   |                                                         | 23d. LOCATION (City, town, or county)<br><u>Advance, Mo. Rural</u>                   |                                                                                       |
| 24. FUNERAL DIRECTOR<br><u>Morgan Funeral Home Advance, Mo.</u>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                                             |                                                                                      | 25. DATE RECD. BY LOCAL REG.<br><u>11-10-60</u>                                                                                              |                                                         | 26. REGISTRAR'S SIGNATURE<br><u>Mr. Buford Crader</u>                                |                                                                                       |

(Licensed Embalmer's Statement on Reverse Side)

**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

*Mark Withers*

Licensed Embalmer No. 4717

P. O. Address Dexter

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