URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038701

STATE FILE NUMBER

FILED VS OCT 20 1960

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage
Length of stay in 1b: 48 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 738 E. 7th St
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 738 E. 7th St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle ANDREW Last CATRON

4. DATE OF DEATH: Month October Day 8 Year 1960

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-21-84
9. AGE (last birthday): 76
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): retired quarryman
10b. KIND OF BUSINESS OR INDUSTRY: Marble quarry
11. BIRTHPLACE (City and state or country): Barry County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James Catron
13b. MOTHER'S MAIDEN NAME: Martha Vaughn
14. NAME OF HUSBAND OR WIFE: Clara Pummill Catron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-10-2071
17. INFORMANT: Address: Mrs. Clara Catron, 738 E. 7th, Carthage, 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): Embolus, Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Thrombo-phlebitis, recurrent — 3 mo
DUE TO (c): Arteriosclerosis, Generalized
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 Aug 3, 1960 to 10-8-60 and last saw him alive on Oct 8, 1960
Death occurred at 4:15 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George H. Wood (Degree or title): MD
22b. ADDRESS: 1515 Hazel, Carthage, Mo
22c. DATE SIGNED: 10-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: Oct 12, 1960
23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
23d. LOCATION (City, town, or county) (State): Carthage, Mo

24. FUNERAL DIRECTOR ADDRESS: Knell Mortuary, Carthage, Mo
25. DATE RECD. BY LOCAL REG.: 10-11-60
26. REGISTRAR'S SIGNATURE: Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Frank W. Knell

Signature of Student Embalmer

Licensed Embalmer No. 440

P. O. Address Carthage, Mo

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.