

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045244

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 259

STATE FILE NUMBER

FILED DEC 21 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jasper		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		a. STATE Mo		b. COUNTY Jasper	
Length of stay in 1b 5 yrs		c. CITY OR TOWN Carthage		d. STREET ADDRESS (If outside, give location) 621 E. 5th St		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First JACK		Middle CATES		Last CATES		Dec. 15, 1961	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-14-82	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Barry County, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bud Cates			13b. MOTHER'S MAIDEN NAME Donna ?		14. NAME OF HUSBAND OR WIFE Glennie Cates		
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. no		17. INFORMANT Glennie Cates, 621 E. 5th, Carthage, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Embolism, Cerebral						5 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post operative - Fracture of hip and humerus							
DUE TO (c) hip and humerus							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fall in bath room over home					
20c. TIME OF INJURY Hour 9 a.m. - Month, Day, Year 12-8-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) about home		20f. CITY, TOWN, OR LOCATION Barry County, Mo					
21. I attended the deceased from Dec 8, 61 to 12-15-61 and last saw her/him alive on 12-15-61		Death occurred at 11:22 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE George H. Wood (Degree or title)				22b. ADDRESS 1515 Hazel, Carthage, Mo		22c. DATE SIGNED 12-16-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-18-61		23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery		23d. LOCATION (City, town, or county) (State) Barry County, Mo	
24. FUNERAL DIRECTOR Culver Mortuary, Cassville, Mo			25. DATE RECD. BY LOCAL REG. 12-16-61		26. REGISTRAR'S SIGNATURE Elly Clutts		

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

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 Paul D. Henbest

Licensed Embalmer No. 4570

P. O. Address Cassville

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.