

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014096

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 37

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 1 1962

1. PLACE OF DEATH
 a. COUNTY BOLLINGER
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ZALMA WAYNE TWP. Length of stay in lb Life
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ZALMA, MO. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY BOLLINGER
 c. CITY OR TOWN ZALMA WAYNE TWP. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Wayne Twp. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
W. FRANK Cato April 19 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11-6-1888 9. AGE (last birthday) 81
 IF UNDER 1 YEAR Months 5 Days 13 IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING 10b. KIND OF BUSINESS OR INDUSTRY FARM 11. BIRTHPLACE (City and state or country) BOLLINGER Co., Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Cato 13b. MOTHER'S MAIDEN NAME Louise Jackson 14. NAME OF HUSBAND OR WIFE LAVADA Cato

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. NONE 17. INFORMANT Address Lavada Cato, Zalma, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH immediate
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis & Hypertension
 DUE TO (c) Senility

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 1960 to April 19, 1962 and last saw him ^{was} alive on Apr 19, 1962
 Death occurred at 8:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. C. Masters (Degree or title) SO. 22b. ADDRESS Advance, Mo. 22c. DATE SIGNED April 23, 62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4-21-62 23c. NAME OF CEMETERY OR CREMATORY Cox Chapel Cemetery 23d. LOCATION (City, town, or county) Bollinger Co., Mo.

24. FUNERAL DIRECTOR W. H. Morgan ADDRESS Advance, Mo. 25. DATE RECD. BY LOCAL REG. 4/25/62 26. REGISTRAR'S SIGNATURE Mrs Buford Crader

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
 1 0090
 2 0090
 3
 4 0
 5 1
 6
 7 0
 8 0
 9 420.1
 10
 11
 12 90-2
 13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed: W^m H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Mo.

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.