

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026896

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 174 Primary Registration District No. 4234 Registrar's No. 113

FILED AUG 13 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b 14 days	c. CITY OR TOWN Bismarck
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) general delivery
3. NAME OF DECEASED (Type or print) First Middle Last FAY GOODE CATHCART			4. DATE OF DEATH Month Day Year Aug. 5 1962
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 July 3 1906
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) railway mail clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal Dept.	11. BIRTHPLACE (City and state or country) Myrtle Miss.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Earl Cathcart	
13b. MOTHER'S MAIDEN NAME Berdie Goode		14. NAME OF HUSBAND OR WIFE Bertha Barton Cathcart	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2		16. SOCIAL SECURITY NO.	17. INFORMANT Address Bertha Cathcart, Bismarck Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH few min.
DUE TO (b) Myocarditis, hypertensive heart disease			4 yrs.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) chronic nephritis with ascites			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m. 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 7-26-62 to 8-5-62 and last saw ^{her} him alive on 8-5-62		Death occurred at 9:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>R. E. Jarland m. d.</i> (Degree or title)		22b. ADDRESS Ironton, Missouri	22c. DATE SIGNED 8-6-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-7-62	23c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	23d. LOCATION (City, town, or county) (State) Thayer, Missouri.
24. FUNERAL DIRECTOR <i>Wm. J. White</i> Carter Funeral Home, Thayer Mo.		25. DATE RECD. BY LOCAL REG. 8-6-62	26. REGISTRAR'S SIGNATURE <i>Mrs. Avis Jones</i>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 14 1962

8-6-62 Permit obtained

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 Amy J. White

Licensed Embalmer No. 3012

P. O. Address Instructor Res.

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.