MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-037558

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5039 Registrar's No. 84

FILED OCT 25 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

1 0050
2 0050
3 1
4 1
5 1
6
7 1
8 0
9 4200
10
11
12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Butterfield Twp — Length of stay in 1b: 52 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Her Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Barry
c. CITY OR TOWN: Cassville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Myrtle — Middle Evelyn — Last Cates
4. DATE OF DEATH: Month October — Day 15 — Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July-7-1885
9. AGE (last birthday): 77 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Girard Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Watson
13b. MOTHER'S MAIDEN NAME: Don't Know.
14. NAME OF HUSBAND OR WIFE: Harry Cates
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.: None
17. INFORMANT: Harry Cates — Address: Cassville Mo. R.F.D.

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): Malignant Hypertension
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): ASHD & Senility
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

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 1-29-61, to 10-2-62 and last saw her/him alive on 10-2-62
Death occurred at 10-14-62 1:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles H. Price MD
22b. ADDRESS: Cassville, Mo.
22c. DATE SIGNED: 10-15-62

23a. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: Burial
23b. DATE: Oct-17-1962
23c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant
23d. LOCATION (City, town, or county) (State): Barry Co. Missouri

24. FUNERAL DIRECTOR: McQueen Funeral — ADDRESS: Wheaton
25. DATE RECD. BY LOCAL REG.: 10-15-62
26. REGISTRAR'S SIGNATURE: Grace Williams

(Licensed Embalmer's Statement on Reverse Side)

Burial Permit issued 10-15-62 L.W.

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_____ Signed Paul D Henbest

Signature of Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Caswille 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.