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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22042

Primary Registration District No. 4001

Registrar's No. 194

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Novinger (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Novinger, Missouri (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Novinger (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Elizzebeth Cathey
3. (b) If veteran, name war .....
3. (c) Social Security No.: None
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Aug. (Month) 10 (Day) 1877 (Year)

8. AGE: Years 70 | Months 10 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: White County (City, town, or county) Georgia (State or foreign country)
10. Usual occupation: Home
11. Industry or business .....

MOTHER FATHER
12. Name: W. M. Cathey, Sr.
13. Birthplace: Georgia (City, town, or county) (State or foreign country)
14. Maiden name: Emily J. Ledford
15. Birthplace: Georgia (City, town, or county) (State or foreign country)

16. (a) Informant: Hoyt Davis
(b) Address: Novinger, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Novinger, Mo.
18. (a) Signature of funeral director: Gaul M. Riley Lee Riley Funeral
(b) Address: Kirksville, Mo.
19. (a) 7-12-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1948 hour 12:00 minute P.M.
21. I hereby certify that I attended the deceased from June 19, 1948, 19..., to July 5, 1948, that I last saw her alive on July 5, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	1 day
Due to: Left Ventricular heart failure	approx. yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy: None	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
Home While at work? ..... (e) Means of injury .....
23. Signature: A. S. Ennis (M. D. or other) D. O.
Address: Novinger, Mo. Date signed July 5, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-48-171
Date Filed JUL 20 1948

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 Jack L. Dooley Registered Apprentice No. 222 working under my personal supervision.

Signed D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Kirksville, Missouri

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 this body is not embalmed, fact should be so stated above.