

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3636

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 197

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada Wash</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Salena</u>	
c. LENGTH OF STAY (in this place) <u>23 1/2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>unknown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 3</u>			

3. NAME OF DECEASED a. (First) <u>ETTA</u>		b. (Middle) _____		c. (Last) <u>CATRELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4, 1950</u>	
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Dec 25, 1888</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Crane Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Richard Catrell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp Nevada Mo</u>	ADDRESS <u>Nevada Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Right Breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>(Amputated April 7/1948)</u> DUE TO (c) <u>Metastasia to Liver</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental Deficiency & psychosis</u>		<u>170X</u>	

19a. DATE OF OPERATION <u>April 7/1948</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer Rt Breast</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1939, to Jan 5, 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul L. Barone</u> (Degree or title)	23b. ADDRESS <u>State Hosp No. 3 Nevada Mo</u>	23c. DATE SIGNED <u>Jan 5/50</u>
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24a. BURIAL OR CREMATION (Specify) _____	24b. DATE <u>Jan 5, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital No. 3</u>	24d. LOCATION (City, town, or county) <u>Nevada, Missouri</u> (State)
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DATE REC'D BY LOCAL REG. _____	REGISTRAR'S SIGNATURE <u>W. H. [unclear]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[unclear]</u>	ADDRESS <u>Nevada, Missouri</u>
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RECEIVED
District Health Officer No. 7,
District File Number 12-49-1565
Date Filed 1-9-50

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____
Signed H. P. Jensen

Licensed Embalmer No. 1760

P. O. Address Nevada, M.

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.