

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22617**

BIRTH NO. _____		REG. DIST. NO. 105		PRIMARY REG. DIST. NO. 4177		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) Clarkton		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Clarkton		1350	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Evelyn		c. (Last) Cato	
4. DATE OF DEATH		(Month) 7		(Day) 2		(Year) 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <input checked="" type="checkbox"/>		8. DATE OF BIRTH May 16, 1876	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Bollinger County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Slaughter		13b. MOTHER'S MAIDEN NAME Sarah Thomas		14. NAME OF HUSBAND OR WIFE John W. 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'S SIGNATURE OR NAME ADDRESS x Wm. C. Clarkton Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) Cardiac Asthma DUE TO (c) Cardiac Decompensation				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, ship, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4343			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on June 23, 1951 , and that death occurred at 7:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Bernard L. Franklin				23b. ADDRESS Campbell, Mo.		23c. DATE SIGNED 7/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-7-1951		24c. NAME OF CEMETERY OR CREMATOR Stanfield		24d. LOCATION (City, town, or county) (State) Near Clarkton, Mo.	
DATE REC'D BY LOCAL REG. 7-11-51		REGISTRAR'S SIGNATURE Marguerite George		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lloyd Russell Leggett			

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

350
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-14-51
COUNTY FILE NUMBER 751-187

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 me

.....
working under my personal supervision.

Student Embalmer No.

Signed Lloyd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. 509- Ark.

P. O. Address Piggott, Ark.

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.