

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

42096

State File No.

FILED JAN 3 - 1952

BIRTH NO. ... REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 1886

1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE <i>Missouri</i> b. COUNTY <i>Camden</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	c. LENGTH OF STAY (In this place) <i>2 Weeks</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Camdenton</i>	d. STREET ADDRESS (If rural, give location) <i>Gen Del 1</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Our Rest Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>David Lawrence</i> b. (Middle) <i>Catow</i> c. (Last) <i>Catow</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 18-1951</i>	
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb 9-1880</i>	9. AGE (In years last birthday) <i>71</i>	IF BROKEN YEAR Months	IF BROKEN HOUR Days	IF BROKEN MIN. Hours	IF BROKEN MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Factory</i>	11. BIRTHPLACE (State or foreign country) <i>Startville Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
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13a. FATHER'S NAME <i>Jerry Marr Catow</i>	13b. MOTHER'S MAIDEN NAME <i>(?) unknown unknown</i>	14. NAME OF HUSBAND OR WIFE <i>unknown</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>486-12-4429</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Thelma Fowler, Camden, Mo</i>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs.</i>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>malnutrition</i>		<i>2 mos</i>	
	DUE TO (c) <i>Refusal to eat</i>		<i>?</i>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>2865</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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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?		
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22. I hereby certify that I attended the deceased from *Dec. 1, 1951*, to *Dec. 18, 1951*, that I last saw the deceased alive on *Dec. 16, 1951*, and that death occurred at *2 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>McCarroll, M.D.</i>	(Degree or title)	23b. ADDRESS <i>St. Louis, Mo.</i>	23c. DATE SIGNED <i>12-21-51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 20-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Myrtle</i>	24d. LOCATION (City, town, or county) (State) <i>Camden Co Mo</i>	
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DATE REC'D BY LOCAL REG. <i>12-22-1951</i>	REGISTRAR'S SIGNATURE <i>Hella L. Hays</i>	424	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bankson-Woolery</i>	ADDRESS <i>Camdenton, Mo</i>
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(Licensed Emballer's Statement on Reverse Side)

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

DEC 29 1951

Received

Laclede County Health Unit

File No. 12-81-178

Date Filed JAN 2 1952

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
Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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 this body is not embalmed, fact should be so stated above.