

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**16367**

State File No. ....

**FILED MAY 17 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2001

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY*</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>55 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>5405 ROCKHILL ROAD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>AXEL</b> b. (Middle) <b>M.</b> c. (Last) <b>CATO</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 - 1 - 52</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Sept. 8, 1880</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTING CONTRACTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PAINTING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>SWEDEN</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Alfred Cato</b>		13b. MOTHER'S MAIDEN NAME <b>—</b>		14. NAME OF HUSBAND OR WIFE <b>CHRISTINE CATO</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CARL CATO (SON) 5405 ROCKHILL RD.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>5 May 1948</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer of Prostate</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1947 to May, 1952 that I last saw the deceased alive on May, 1952 and that death occurred at \_\_\_\_\_ m., from the cause and on the date stated above.

23a. SIGNATURE <b>H. E. Carlson M.D.</b>		23b. ADDRESS <b>1103 Grand Ave</b>		23c. DATE SIGNED <b>2 May 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-3-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH</b>	
				24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>	

DATE REC'D BY LOCAL REG. <b>5-2-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; MCCLURE KANSAS CITY, MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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