

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21033

State File No. ....

FILED JUN 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 50

542

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Richmond</u> <u>0890</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not a hospital or institution, give street address or location) <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2 mile west Richmond</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeannette</u> b. (Middle) <u>B</u> c. (Last) <u>Cates</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>October 29, 1871</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR: (Month) (Day) <u>5 6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>August W. Stora</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine</u>		14. NAME OF HUSBAND OR WIFE <u>Walter D. Cates</u>	
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>John A. Cates</u> ADDRESS <u>Richmond, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Bronchopneumonia</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cachexia</u>		<u>14 days</u>	
		DUE TO (c) <u>Intertrochanteric fracture left hip</u>		<u>14 days</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerotic cardiovascular disease</u>		<u>15-year</u>	

19a. DATE OF OPERATION <u>5/22/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture left hip</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>In home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Richmond</u> (COUNTY) <u>Ray</u> (STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 22 52 10:00 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u>	

22. I hereby certify that I attended the deceased from 10/27, 19 91, to 6/5, 19 52, that I last saw the deceased alive on 6/4, 19 52, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Masterson</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>6/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Side Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Like Funeral Home</u> ADDRESS <u>Richmond, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-18-52</u>		REGISTRAR'S SIGNATURE <u>Memor E. Crastel</u>			

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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 *Joseph J. Hill*.....

Licensed Embalmer No. 4069.....

P. O. Address Pittsford, N.Y......

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.