

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319 Registrar's No. 48

5276

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

1. PLACE OF DEATH... a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Otterville Sup.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 mi. N.W. Otterville</u>	
c. LENGTH OF STAY (in this place) <u>50</u>		d. STREET ADDRESS (If rural, give location) <u>Rural - Otterville Sup.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. N.W. Otterville</u>			
3. NAME OF DECEASED a. (First) <u>VIRGINIA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>CATON</u>			4. DATE OF DEATH Month <u>July</u> Day <u>11</u> Year <u>1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 30-1878</u>
9. AGE (In years last birthday) <u>73</u>	10. 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>Same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper, Co - Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	13a. FATHER'S NAME <u>Lewis Coffman</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel Caton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Caton</u> ADDRESS <u>Otterville, Mo</u>	
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) <u>Chronic Endocarditis</u> 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. <u>Hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>	
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 bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Jan. 19</u> , 19 <u>47</u> , to <u>July 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 10</u> , 19 <u>52</u> , and that death occurred at <u>10:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. L. Golden</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>1116 W. 3rd, Sedalia Mo</u>	
23c. DATE SIGNED <u>7/11/52</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>		24b. DATE <u>July 13-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Otterville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Otterville Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays & Painter</u> ADDRESS <u>Pilot Grove Mo</u>			
DATE REC'D BY LOCAL REG. <u>July 13-1952</u>		REGISTRAR'S SIGNATURE <u>Hellie Mullett</u> ADDRESS <u>73</u>	

APR 11 1904

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 myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Peyton C. Hays

Licensed Embalmer No. 3074

P. O. Address Pilot Grove 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.