

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32626

State File No.

LED OCT 10 1952

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6043 Registrar's No. 323

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

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Washington.</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Washington.</u>		0910
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>12 mi. E. of Doniphan, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>12 mi. E. of Doniphan, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Winnard</u> c. (Last) <u>Caton.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1952.</u>		
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>white.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married. 1</u>	8. DATE OF BIRTH <u>Jan. 1, 1868</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR <u>2-19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry.</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Samuel Caton.</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza (unknown).</u>		14. NAME OF HUSBAND OR WIFE <u>Flora Caton.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Flora Caton Doniphan, Mo.</u> ADDRESS _____		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - Arteriosclerosis.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				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 bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		4201	
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 _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Frank E. Dwell, M.D.</u> (Degree or title)			23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>Sept. 22, 1952.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harrison City.</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison City, Virginia.</u>		
DATE REC'D BY LOCAL REG. <u>9-24-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 277.0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means, Doniphan, Mo.</u> ADDRESS _____		

OCT 10 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 Ray Means.....

Licensed Embalmer No. 3743.....

P. O. Address Doniphan, 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.