

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

38980

5503

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> )  |  | c. LENGTH OF STAY (in this place) <u>4</u> days   |  | c. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond</u> <u>0891</u> )  |  |  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Research Hospital</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>215 South Second St.</u> <u>1</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>WILLEY</u>  |  | b. (Middle) <u>BER</u>  |  | c. (Last) <u>CATES</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 20, 1953</u>               |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> <u>2</u>  |  | 8. DATE OF BIRTH <u>March 6, 1873</u>                                    |  |
| 9. AGE (in years last birthday) <u>80</u>  |  | IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>   |  | IF UNDER 10 MIN. Hours <u>-</u> Min. <u>-</u>   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section worker, retired-Railroad</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (State or foreign country) <u>Ray County, Mo.</u> <u>0</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                               |  |
| 13a. FATHER'S NAME <u>W. B. Cates</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Cynthia Hatfield</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Lula Brady Cates</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>709-18-4314</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Etta Orr, Richmond, Mo.</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u><br><u>of Rt hemiplegia</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Arterial fibrillation</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>4331</u>                      |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>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) 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 <u>Nov. 16, 1953</u> to <u>Nov. 20, 1953</u> , that I last saw the deceased alive on <u>Nov. 20, 1953</u> , and that death occurred at <u>2 a. m.</u> , from the causes and on the date stated above. |  |   |  |   |  |  |  |
| 23a. SIGNATURE <u>D. R. Black</u>  |  | (Degree or title) <u>M.D.</u>   |  | 23b. ADDRESS <u>924 Professional Bldg.</u>  |  | 23c. DATE SIGNED <u>11/21/53</u>   |  |
| 24a. FUNERAL CREMATION REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Nov. 21, 1953</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>       |  |
| DATE REC'D BY LOCAL REG. <u>11-21-53</u>   |  | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thurman Funeral Home</u>  |  | ADDRESS <u>Richmond, Mo.</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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

*Wm. L. Thurman*

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.