

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3007 State File No. 42289
52 Registrar's No. 62

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. _____

| | | | |
|---------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir. | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson | |
| c. LENGTH OF STAY (In this place) life | | d. STREET ADDRESS (If rural, give location) 623 Hope St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 623 Hope St. | | | |

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|------------------------------------------------------------------|-------------|-----------------------|---------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Vincent | b. (Middle) | c. (Last) Cato | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1953 |
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|--------------------|-------------------------------|------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Oct. 12, 1902 | 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Days | IF UNDER 12 HRS. Hours | IF UNDER 12 HRS. Min. |
|--------------------|-------------------------------|------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|---------------------------|--------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engraver | 10b. KIND OF BUSINESS OR INDUSTRY Monument Co. | 11. BIRTHPLACE (State or foreign country) Jackson, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------|

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|------------------------------------|----------------------------------------------|-----------------------------------------------------|
| 13a. FATHER'S NAME Dan Cato | 13b. MOTHER'S MAIDEN NAME Annie Hicks | 14. NAME OF HUSBAND OR WIFE Frieda Lacy Cato |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. 498-03-561 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Annie Kinder, 623 Hope, Jackson, Mo. | ADDRESS |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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) |
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| | | |
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| 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? |
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22. I hereby certify that I attended the deceased from **as Pathologist only**, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:30A m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) J. A. Lovinsgood, M.D. Pathologist | 23b. ADDRESS 1302 Butler av., Cape Girardeau, Mo. | 23c. DATE SIGNED Dec. 15, 1953 |
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|---------------------------------------------------------|--------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 16, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Russell Heights Cemetery | 24d. LOCATION (City, town, or county) (State) Jackson, Missouri |
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| DATE REC'D BY LOCAL REG. Dec 17-53 | REGISTRAR'S SIGNATURE D. G. L... 43 | 25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks | ADDRESS Cape Girardeau, Mo |
|-------------------------------------------|--------------------------------------------|------------------------------------------------------|-----------------------------------|

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

VS JUN 30 1959

MAY 21 1959

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 Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.