

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18563

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 594

1. PLACE OF DEATH a. COUNTY <u>Greene Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>MT. VERNON</u>	
c. LENGTH OF STAY (in this place) <u>1 YEAR</u>		d. STREET ADDRESS (If rural, give location) <u>EAST SOUTH ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARBER REST HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>CATTS</u>			4. DATE OF DEATH <u>June 22-54</u> (Month) (Day) (Year)		
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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>OCT. 10-1866</u>		9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____	
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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>MISSOURI (NEAR MT. VERNON)</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>DOWDY</u>			13b. MOTHER'S MAIDEN NAME <u>FRANCES TURK</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM CATTS</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CLARENCE CATTS</u> ADDRESS <u>MT. VERNON, MO.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Senility</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.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794X</u>						20. AUTOPSY? YES <input 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)		
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 June, 1952 to 6-22-54, that I last saw the deceased alive on 6-22, 1954, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>6-23-54</u>	
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24a. BURIAL, CREMATION REMOVAL <u>2354087</u>		24b. DATE <u>6-23-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ODD FELLOWS</u>		24d. LOCATION (City, town, or county) (State) <u>MT. VERNON Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>6-23-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Springfield, Mo.</u>	
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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 _____

Licensed Embalmer No. _____

P. O. Address _____

3312
Springfield, 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.