

STANDARD CERTIFICATE OF DEATH

26540

State File No. _____

FILED AUG 24 1954

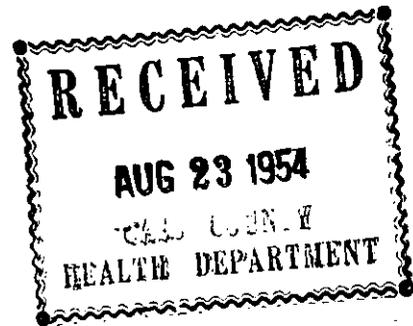
59

4099

Registrar's No. 138

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 138		
1. PLACE OF DEATH a. COUNTY CASS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CASS				
b. CITY OR TOWN PLEASANT HILL MO.		c. LENGTH OF STAY (In this place) 15 yrs		c. CITY OR TOWN PLEASANT HILL MO		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 214 N. Campbell				e. STREET ADDRESS (If rural, give location) 214 NORTH CAMPBELL				
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) BENJAMIN c. (Last) CATES			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 5, 1954					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH MARCH 6, 1866		
9. AGE (In years last birthday) 87		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) NEBRASKA CITY NEB.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES H. CATES			13b. MOTHER'S MAIDEN NAME ELIZABETH DALEY			14. NAME OF HUSBAND OR WIFE MARY GERTRUDE CATES		
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VIOLET CATES PLEASANT HILL MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> 5 yrs					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> 5 yrs						
		DUE TO (c) <u>Cerebrovascular hemorrhage</u> 2 yrs						
		II. OTHER SIGNIFICANT CONDITIONS						
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Several</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June 28, 1948, to Aug. 5, 1954, that I last saw the deceased alive on Aug 5, 1954, and that death occurred at 7:20 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. E. H. M.D.</u>			23b. ADDRESS <u>Pleasant Hill, Mo.</u>			23c. DATE SIGNED <u>8-7-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug 15 1954</u>		REGISTRAR'S SIGNATURE <u>Nora Barward</u>		457- <u>2</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen Bradford Pleasant Hill Mo</u>		

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Allen Beunfer*.....

Licensed Embalmer No. *378*.....

P. O. Address *Almond Hill*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.