

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21669**

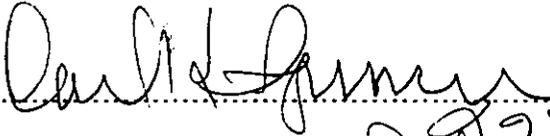
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) Salem		c. LENGTH OF STAY (in this place) 70yrs		c. CITY OR TOWN Salem		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 XX				e. STREET ADDRESS (If rural, give location) East Catty			
3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Robert c. (Last) Cates			4. DATE OF DEATH (Month) (Day) (Year) 7-14-55				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct 23 1884	
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Salem Mo		12. CITIZEN OF WHAT COUNTRY? U S	
10a. USUAL OCCUPATION (Give kind of work commencing past of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY X		13a. FATHER'S NAME Wm Cates		13b. MOTHER'S MAIDEN NAME Lucinda Gains	
				14. NAME OF HUSBAND/OR WIFE Myrtle McCallister			
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. X		17. INFORMANT'S SIGNATURE OR NAME Myrtle Cates Salem Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				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) Cardio-valvular disease with Hypertension yrs	
		DUE TO (c) Atherosclerosis				yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					
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 7/14/55 19___, to 7/14/55 19___, that I last saw the deceased alive on 7/14/55 , 19___, and that death occurred at 5P m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Joseph R. Bennett</i> (Degree or title) MD				23b. ADDRESS Salem, Missouri		23c. DATE SIGNED 7/16/55	
24a. BURIAL, CREMATION, BENEFICIAL (Specify)		24b. DATE 7-16-55		24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem		24d. LOCATION (City, town, or county) (State) Salem Mo	
DATE REC'D BY LOCAL REG. 7-16-55		REGISTRAR'S SIGNATURE <i>R. E. Mitchell</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Carl J. ...</i>		ADDRESS	

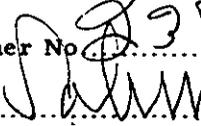
STATEMENT BY LICENSED EMBALMER

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..... 

Licensed Embalmer No. 23

P. O. Address..... 

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.