

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30078**BIRTH NO. _____ REG. DIST. NO. **176** PRIMARY REG. DIST. NO. **4278** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) Miller		c. CITY OR TOWN Miller, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) native		f. STREET ADDRESS (If rural, give location) Residence	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) William	b. (Middle) Marion	c. (Last) Catlett	9-19-1955		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-22-1862	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months 0 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) West Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Alexander Catlett		13b. MOTHER'S MAIDEN NAME Analine Felter		14. NAME OF HUSBAND OR WIFE Ollie Catlett	
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 Mr. Ross Catlett, Miller Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostatic congestion		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suppression of urine		

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)	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 **Jan 1, 1935** to **9-19, 1955**, that I last saw the deceased alive on **9-18, 1955**, and that death occurred at **1 A.M.** from the causes and on the date stated above.

23a. SIGNATURE W. S. Bussney (Degree or title)	23b. ADDRESS 711 S. Miller St.	23c. DATE SIGNED 9-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-21-1955	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove	24d. LOCATION (City, town, or county) (State) So. of Miller Mo.
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DATE REC'D BY LOCAL REG. 9-20-55	REGISTRAR'S SIGNATURE W. S. Bussney	25. FUNERAL DIRECTOR'S SIGNATURE Moore Lennan	ADDRESS Miller Mo
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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 *E. R. Leman*

Licensed Embalmer No. 329

P. O. Address *Miller*

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.