

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16207**

BIRTH NO. _____		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. <u>8876</u>		Registrar's No. <u>13</u>			
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u>				b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>MOUNTAIN VIEW</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY OR TOWN <u>Mtn. View</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				• STREET ADDRESS (If rural, give location) <u>3 mi N - Union View</u>				R. # - <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>			b. (Middle) <u>Harold</u>			c. (Last) <u>Cattell</u>			
4. DATE OF DEATH		(Month) <u>JUNE</u>		(Day) <u>3</u>		(Year) <u>1956</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 2 - 1907</u>			
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Findley, Ohio</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>James O. Cattell</u>		13b. MOTHER'S MAIDEN NAME <u>Alveta HARRIS</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Cattell</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Cattell</u>			ADDRESS <u>Mtn. View, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple myeloma</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) _____							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>dehydration</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) _____ m. _____		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 <u>6-3</u> , 19 <u>56</u> , to <u>6-3</u> , 19 <u>56</u> that I last saw the deceased alive on <u>6-3</u> , 19 <u>56</u> , and that death occurred at <u>2:30 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. R. Jeffery</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mtn. View, Mo.</u>		23c. DATE SIGNED <u>6-4-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 6 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN</u>		24d. LOCATION (City, town, or county) <u>Mtn. View, Mo.</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>6/7/56</u>		REGISTRAR'S SIGNATURE <u>Louise Hutchins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DUNCAN'S</u>					
				ADDRESS <u>Mtn. View, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

9961 6 T 4071

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 *Joel R. Duncan*
Licensed Embalmer No. *432*
P. O. Address *Mt. View,*

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.