

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1957

State File No. **435**
Registrar's No. **132**

REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5142**

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rt-1 Neely Twp. | | d. STREET ADDRESS (If rural, give location) Rt-1 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARANDA | | b. (Middle) ELIZABETH | |
| c. (Last) CATO | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 20 1957 | |
| 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Nov. 18, 1869 | |
| 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months 2 Days 12 | |
| IF UNDER 24 HRS. Hours 1 Min. 0 | | 11. BIRTHPLACE (State or foreign country) Arkansas | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME William Ezell | |
| 13b. MOTHER'S MAIDEN NAME No Record | | 14. NAME OF HUSBAND OR WIFE Louis Cato | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Louis Cato (Husband) | | ADDRESS Neelyville, 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) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 9 days | |
| *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. Hypertension | | DUE TO (b) | |
| DUE TO (c) | | 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 | |
| 20. AUTOPSY 2 | | 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) | | 331x | |
| 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. 11, 1957 , to Jan. 20, 1957 that I last saw the deceased alive on Jan. 17, 1957 , and that death occurred at 12:45 pm. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE J. L. Smith | | (Degree or title) D.O. | |
| 23b. ADDRESS Box 328, Neelyville, Mo. | | 23c. DATE SIGNED 1-23-57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/22/57 | |
| 24c. NAME OF CEMETERY OR CREMATORY Antioch | | 24d. LOCATION (City, town, or county) (State) Oxly Mo. | |
| DATE REC'D BY LOCAL REG. 1/25/57 | | REGISTRAR'S SIGNATURE R. L. Mueller | |
| FUNERAL DIRECTOR'S SIGNATURE Russell-Ermert | | ADDRESS Corning, Ark. | |

(Licensed Embalmer's Seal - See Reverse Side)

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

300
48

RECEIVED
JAN 28 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Leslie D. Russell

Licensed Embalmer No. *3855 9M*

P. O. Address *Corning Ark*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.