Health, & Welfare Public Service

. 300
. 1-56

4

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9128
STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MINERAL TWSP. Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ELMHURST CONVALES CENT HOME Length of stay in 1b: 3 WEEKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN 0495 0 Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1422 MISSOURI AVE Reside on Farm: Yes ☒ No ☒

3. NAME OF DECEASED (Type or print): First: ALBERT Middle: OLIVER Last: CATES

4. DATE OF DEATH Month: APRIL Day: 2, Year: 1957

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Nov. 22, 1879

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EXPRESS MESSENGER

10b. KIND OF BUSINESS OR INDUSTRY: RAILWAY EXPRESS AGCY

11. BIRTHPLACE (City and state or country): EVERTON, ARK.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM CATES

14. MOTHER'S MAIDEN NAME: PHOEBE BAYLESS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: BILL CATES, 1422 MISSOURI, JOPLIN, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia + Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: ? — 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiovascular renal disease — unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Cerebral hemorrhage 442x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-27-57, to 4/2/57 and last saw ~~her~~ him alive on 3/27/57
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jas Ferguson, MD

22b. ADDRESS: Webb City, Mo.

22c. DATE SIGNED 4-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE 4-4-57

23c. NAME OF CEMETERY OR CREMATORY: OZARK MEMORIAL PARK,

23d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.

25. DATE RECD. BY LOCAL REG. 4-8-57

26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

474

Jasper County Health Office

County File Number 57-4-46

Date Filed APR 10 1957

APR 30 1957

APR 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 23

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.