

Health,
& Welfare
Public
Service

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

560157 DATE FILE NUMBER 17722

Registration District No. 164 Primary Registration District No. 303 Registrar's No. 67

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg		c. CITY OR TOWN Warrensburg 9512	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CMSC Farm		d. STREET ADDRESS (If outside, give location) C. M. S. C. Farm	
Length of stay in 2 years		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Chester William Cates			4. DATE OF DEATH Month Day Year May 14 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 21, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Manager		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 55
11. BIRTHPLACE (City and state or country) Hickory County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James L. Cates		13b. MOTHER'S MAIDEN NAME Mirtie Miller	14. NAME OF HUSBAND OR WIFE Ina L. Cates
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. 493-34-5895	17. INFORMANT Address Ina L. Cates Warrensburg, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	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 5-14-57 to 5-14-57 and last saw him alive on 5-14-57 Death occurred at 7:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE David R. Holmes MD (Degree or title)		22b. ADDRESS Warrensburg, Mo.	22c. DATE SIGNED 5-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-17-57	23c. NAME OF CEMETERY OR CREMATORY Spring Branch	23d. LOCATION (City, town, or county) (State) Benton County Missouri
24. FUNERAL DIRECTOR Gilbert Hathaway ADDRESS Whearland Mo.		25. DATE RECD. BY LOCAL REG. 5-14-57	26. REGISTRAR'S SIGNATURE Jessamine Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

147

JUN 5 1957

APR 30 1958

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 *John P. Rodgers*
Licensed Embalmer No. 4963

P. O. Address Warrensburg, Mo.

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.