

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043598

STATE FILE NUMBER

FILED DEC 23 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 357

300 /
1-57

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jefferson City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 730 Clark Avenue		Length of stay in lb 27 years	d. STREET ADDRESS (If outside, give location) 730 Clark Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JESSE Middle HARRISON Last CATRON			4. DATE OF DEATH Month DECEMBER Day 9 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 5th 1889	9. AGE (In years last birthday) 69	FUNDER 1 YEAR Months 0 Days 24 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter (retired)		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (City and state or country) Miller County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jacob Samuel Catron		13b. MOTHER'S MAIDEN NAME Loretta Graham	
14. NAME OF HUSBAND OR WIFE Ollie Richardson Catron		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 499-40-1290	
17. INFORMANT Leman Catron		Address Jefferson City, 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) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Arterio-sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	
INTERVAL BETWEEN ONSET AND DEATH 2 hours		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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Jefferson City		COUNTY Missouri		STATE Missouri	
21. I attended the deceased from _____ Death occurred at _____ 9.10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Edward Catron MD</i>		22b. ADDRESS Jefferson City, Missouri	
22c. DATE SIGNED 12-15-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Rem & Burial		23b. DATE 12-12-58	
23c. NAME OF CEMETERY OR CREMATORY Hawkins Cemetery		23d. LOCATION (City, town, or county) Brumley, Missouri		(State)	
24. FUNERAL DIRECTOR Panner Service		ADDRESS Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 15 December 1958	
26. REGISTRAR'S SIGNATURE <i>R.P. Dorris, Md.-Mr.</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Donald P. Freeman*

Licensed Embalmer No. *4623*
P. O. Address *Jms.*

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.