

Registration District No. 533 Primary Registration District No. 3074 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY Scott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SCOTT		
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		Length of stay in 1b	c. CITY OR TOWN SIKESTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1005 N. RONNEY	
3. NAME OF DECEASED (Type or print) First Middle Last Catherine Golden Rayner			4. DATE OF DEATH Month Day Year 7 16 59		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-11-1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days 7 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) MARIETTA Ky		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME SAMUEL D. PATMOR		13b. MOTHER'S MAIDEN NAME SARAH ELDER		14. NAME OF HUSBAND OR WIFE -	
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. -	17. INFORMANT Address J. J. Patmor - Sikeston 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) Infarction Myocardial, severe, Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary Occlusion DUE TO (b) - DUE TO (c) -					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 7-16-59 to 7-16-59 and last saw her ^{him} alive on 7-16-59 Death occurred at 10:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE P. J. Watter MD			22b. ADDRESS Sikeston Mo		22c. DATE SIGNED 7/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-18-59	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) (State) CARTHERSVILLE MO	
24. FUNERAL DIRECTOR ADDRESS Walter Funeral Home - Sikeston Mo		25. DATE RECD. BY LOCAL REG. 7-27-59	26. REGISTRAR'S SIGNATURE Miss Ella Hunter		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sebaston M

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.