

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005210

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Primary Registration District No. 5560 Registrar's No. 30

STATE FILE NUMBER

AMENDED

FILED VS FEB 21 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Willow Springs Rt #2</u>		Length of stay in 1b <u>55 Yrs.</u>		c. CITY OR TOWN <u>Willow Springs Rt #2</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS <u>Route #2</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>CATON</u> Last <u>CATON</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>8,</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/2/77</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u> Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Pike County, Mo.</u>	
13a. FATHER'S NAME <u>B. F. Jones</u>			13b. MOTHER'S MAIDEN NAME <u>Eveland Wm. F. Caton</u>		14. NAME OF HUSBAND OR WIFE <u>Porter Caton, Willow Spgs R #2, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Harold D. Miller</u> Address <u>Willow Springs, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Chronic mild Myocarditis, acute</u>					
DUE TO (c) <u>Arteriosclerosis</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>				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 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 <u>1-20-61</u> to <u>2/8/61</u> and last saw her ^{her} _{him} alive on <u>1-30-61</u> Death occurred at <u>11 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Harold D. Miller</u> Harold D. Miller, M.D.			22b. ADDRESS <u>Willow Springs, Mo.</u>		22c. DATE SIGNED <u>2/9/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/10/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Center Hill</u>		23d. LOCATION (City, town, or county) <u>Mtn. View, Mo.</u>
24. FUNERAL DIRECTOR <u>Burns Funeral Home, Willow Spgs., Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>2/14/61</u>		26. REGISTRAR'S SIGNATURE <u>Magie Ryan</u>

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 G. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs

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.