

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017973
STATE FILE NUMBER

AMENDED

FILED JUN 12 1961 Primary Registration District No. 200 Registrar's No. 268

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in lb Lifetime		c. CITY OR TOWN Joplin		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. #5, Box 78		
3. NAME OF DECEASED (Type or print) First Middle Last BOYD WAYNE CATES			4. DATE OF DEATH Month Day Year May 30, 1961			
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 12-14-1936	9. AGE (last birthday) 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman		10b. KIND OF BUSINESS OR INDUSTRY Mo. Hiway Dept.		11. BIRTHPLACE (City and state or country) Coffeyville, Kansas		
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Harold Cates		13b. MOTHER'S MAIDEN NAME Ann Etta Boyd		
14. NAME OF HUSBAND OR WIFE Carolynn Cates		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.		
17. INFORMANT Mrs. Carolynn Cates, Joplin, 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) Internal injuries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auto Accident DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 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 type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Auto Left Hiway. Overturned pinning victum beneath car. Single car accident.				
20c. TIME OF INJURY Hour Month, Day, Year 5:30 P.M. 5-30-1961						
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.) County road	20f. CITY, TOWN, OR LOCATION So. of Joplin, Newton, Missouri		COUNTY STATE		
21. I attended the deceased from did not attend to and last saw her him alive on Death occurred at 8:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Thornhill F. Dillom, DDS CORONER			22b. ADDRESS Frisco Bldg, Joplin, Missouri		22c. DATE SIGNED 6-1-1961	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-3-1961	23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Cem.		23d. LOCATION (City, town, or county) (State) Joplin, Missouri		
24. FUNERAL DIRECTOR Thornhill-Dillom Mortuary, Joplin, Missouri		25. DATE RECD. BY LOCAL REG. 6-7-61	26. REGISTRAR'S SIGNATURE Dove Merriam			

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tracy Mc Curdy

Licensed Embalmer No. 5125

P. O. Address Joplin, 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.