

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020062
STATE FILE NUMBER

Registration District No. 332 Primary Registration District No. 6115 Registrar's No. 88

AMENDED

FILED MAY 25 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHLAND		Length of stay in lb 5 Years	c. CITY OR TOWN Sikeston Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. Rt.2 Sikeston, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LUCY BELL CATES			4. DATE OF DEATH Month Day Year May 12, 1961
5. SEX Female	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 2-11-1886
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 5 Days 1	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Van Buren Co. Ark.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Elisha H uie	
13b. MOTHER'S MAIDEN NAME Sarah Methenie		14. NAME OF HUSBAND OR WIFE William J. Cates	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mo. Rt.2 Sikeston, William J. Cates
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis. DUE TO (b) Carcinoma of stomach. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2-61 11-60
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 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 29, November, 1960 to March, 61 and last saw her/him alive on 10, March, 1961 Death occurred at 7:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William J. Argusson, M.D.		22b. ADDRESS 1012 N. Main Sikeston	22c. DATE SIGNED 5-17-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-14-1961	23c. NAME OF CEMETERY OR CREMATORY Forrest Hill	23d. LOCATION (City, town, or county) (State) Morley, Missouri
24. FUNERAL DIRECTOR ADDRESS Nunalee Funeral Chapel, Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. 5-26-61	26. REGISTRAR'S SIGNATURE Miss Ella Hunter

