

FILED AUG 1 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25435

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6824 Registrar's No. ....

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>0890 Ray 1</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ray 1890</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELMIRA Polk Twp.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmira</u>  |  |
| c. LENGTH OF STAY (in this place) <u>22 yrs</u>  |  | d. STREET ADDRESS (If rural, give location)   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home Elmira, Mo</u>                                    |  |   |  |

|   |  |   |  |   |   |
|---|--|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>WALTER</u> b. (Middle) <u>CARL</u> c. (Last) <u>CATHCART</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 22 - 1952</u> |   |   |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>             |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u>      |   |
| 8. DATE OF BIRTH <u>Sept. 13 - 1908</u>   |  | 9. AGE (in years last birthday) <u>43</u> |  | 10. IF UNDER 1 YEAR Days <u>10</u> IF UNDER 1 HRS. Hours <u>9</u> Mins. _____ |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>        |  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>                   |   | 11. BIRTHPLACE (State or foreign country) <u>Jerome, La.!</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |   |  |   |   |

|   |  |   |  |                             |  |
|---|--|---|--|-----------------------------|--|
| 13a. FATHER'S NAME <u>Thomas Cathcart</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Jean Allen</u> |  | 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) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>487-07-0683</u> |  | 17. INFORMANT'S SIGNATURE OR NAME <u>R.A. Cathcart</u> ADDRESS <u>312 Chestnut Elmira, Mo.</u> |  |
|--|--|--|--|--|--|

|   |  |  |  |  |  |                                  |  |
|---|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot. Wound</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>self inflicted</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|---|--|--|--|--|--|----------------------------------|--|

|                        |  |                                  |  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------|--|----------------------------------|--|--|--|--|

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 21a. DOCUMENT SUICIDE <u>no</u> (Specify) |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Elmira Ray MO</u> |  |
|---|--|--|--|---|--|

|   |  |  |  |                            |  |
|---|--|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>July - 22 - 52 7A<sup>m</sup></u> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? |  |
|---|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |                                    |  |                                    |  |
|---|--|------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><u>Dr. John F. Baber, coroner</u> |  | 23b. ADDRESS<br><u>Richmond mo</u> |  | 23c. DATE SIGNED<br><u>7-23-52</u> |  |
|---|--|------------------------------------|--|------------------------------------|--|

|  |  |                                |  |  |  |   |  |
|--|--|--------------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> |  | 24b. DATE<br><u>July-23-52</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Elmira Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Elmira MO</u> |  |
|--|--|--------------------------------|--|--|--|---|--|

|  |  |   |  |        |  |  |  |         |  |
|--|--|---|--|--------|--|--|--|---------|--|
| DATE RECD BY LOCAL REG.<br><u>July 26 1952</u> |  | REGISTRAR'S SIGNATURE<br><u>Mrs. Raymond Lee Jarman-Richard</u> |  | 364-90 |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Lawson, MO.</u> |  | ADDRESS |  |
|--|--|---|--|--------|--|--|--|---------|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 7 1952

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 .....  
Student Embalmer

Signed *Linnert Garrison*

Licensed Embalmer No. *4589*

*Excelsior Springs, 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 this body is not embalmed, fact should be so stated above.