

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

17893

State File No. \_\_\_\_\_  
Registrar's No. 60

FILED JUN 10 1946

Registration District No. 297 Primary Registration District No. 6021

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Cowgill (Grape Grove) tw

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 17 months

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town: Cowgill Rural

(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Thomas Caton

3. (b) If veteran, name war no

3. (c) Social Security No. 500-07-8085

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Caton

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan 4 1898

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	4	16	hr. _____ min.

9. Birthplace Washington County Ala.

(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Caton

13. Birthplace Washington County Ala

(City, town, or county) (State or foreign country)

14. Maiden name Sarah B. Preston

15. Birthplace Washington County Ala

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Caton

(b) Address Cowgill Mo

17. (a) Burial (b) Date thereof 5-22-46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Union Cem

18. (a) Signature of funeral director Wm. J. Braymer

(b) Address Braymer, Missouri

19. (a) 5-22-46 (b) mabel jackson

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1946 hour 5 minute 45 p.m.

21. I hereby certify that I attended the deceased from MARCH 28 1946 to MAY 20 1946

that I last saw h. in alive on MAY 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death UREMIC POISONING

Duration \_\_\_\_\_

Due to Pyo Hydronephrosis of LE Kidney

Due to Adhesions + Stenosis of LE Ureter

Other conditions Chronic cholangitis, 20 years

(Include pregnancy within 3 months of death)

Major findings: 46K

Of operations: \_\_\_\_\_

Of autopsy Pyo Hydronephrosis LE Kidney, carcinoma of stomach, chronic cholangitis, cholelithiasis

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wm. J. Braymer (M. D. or other) do.

Address Cowgill MO Date signed 5-22-46

273 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-8-46

JUN 18 1946

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Donald J. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, Missouri

**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.**