

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8306
936

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Lafayette					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 2-13-49		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		54 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 1					
3. NAME OF DECEASED (Type or Print) a. (First) Besse			b. (Middle) Catron			c. (Last) Catron			
4. DATE OF DEATH (Month) (Day) (Year) 2-26-49		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			
8. DATE OF BIRTH 1-23-1894		9. AGE (In years last birthday) 55		10. UNDER 1 YEAR Months Days 1 13		11. OVER 1 YEAR Hours Min. 1 13			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo. 0			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME LEMANUEL S. DAVIS		13b. MOTHER'S MAIDEN NAME ROBERTA E. DAY		14. NAME OF HUSBAND OR WIFE UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME E. D. Carter					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2-13-49	
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of pelvis (2 car collision)				DUE TO (b) Severe Brain Contusion				2-26-49	
19a. DATE OF OPERATION 2-19-49				19b. MAJOR FINDINGS OF OPERATION Multiple brain contusions.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway near Lexington		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mo. Lafayette Missouri					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 13, 1949 A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident					
22. I hereby certify that I attended the deceased from 2-13-49 , 19____, to 2-26-49 , 19____, that I last saw the deceased alive on 2-26-49 , 19____, and that death occurred at 2:55 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE George C. White, M.D.				23b. ADDRESS 729 Shukert Building Kansas City, Missouri		23c. DATE SIGNED 2-28-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-28-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Lexington, Mo.			
DATE REC'D BY LOCAL REG. 3-1-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE		ADDRESS Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Sturtevant 13249

MAR 28 1949

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.

Signed Robert W. Reed

Signed _____
Student Embalmer

Licensed Embalmer No. 3145

P. O. Address K.C. Me

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.