

17693

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 8 1950

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 205

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>1109 S. Ohio</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1109 S. Ohio</u>			

3. NAME OF DECEASED (Type or Print) <u>KATHRYN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1950</u>			
a. (First)	b. (Middle)		c. (Last) <u>DISQUE</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 16, 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milliner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Department Store</u>		11. BIRTHPLACE (State or foreign country) <u>Portsmouth, Ohio</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Peter Disque</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Emrich</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
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>482-05-0820</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lou Disque, 1109 S. Ohio. Sedalia, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia.</u>		DUE TO (b) <u>Hypertensive Heart Disease.</u>				<u>Less than 2 hours.</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) <u>Arterio- Sclerosis- Advanced.</u>				<u>6 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>Senility.</u>				<u>6 years.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Medical treatment only.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443A</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Over 6 years, to May 31st, 1950., that I last saw the deceased alive on May 30th, 1950., and that death occurred at 3.45 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> (Degree or title)		23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>5-31st, '50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>	

DATE RECD BY LOCAL REG. <u>6-2-50</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Weckert</u>		ADDRESS <u>Sedalia, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6/7/50

dy

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 _____

Licensed Embalmer No. 3470

P. O. Address Sedalia, 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.