

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29790

State File No.

FILED SEP 20 1951

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 61

241

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Liberty mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.O.O.F. Lodge</u>			

3. NAME OF DECEASED a. (First) <u>KATE</u> b. (Middle) <u>ATCHISON</u> c. (Last) <u>ATCHISON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8-51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr. 3-1877</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR <u>3</u> MONTHS <u>5</u> DAYS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Peter Kminam</u>		13b. MOTHER'S & MAIDEN NAME <u>Annie Powell</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>L.O.O.F. Records</u>		18. ADDRESS <u>Liberty mo.</u>		19. MEDICAL CERTIFICATION	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ureuria - acute suppression of urine. Pus of vagina.</u>		INTERVAL BETWEEN ONSET AND DEATH	
		DUPLICATE (b) <u>Much X-Ray intravaginal and externally in preceding month.</u>			
		DUPLICATE (c) <u>and externally in preceding month.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 May, 1957, to Sept 8, 1951, that I last saw the deceased alive on Sept 8, 1957, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Constance Gadsden MDI</u>	23b. ADDRESS <u>Liberty mo.</u>	23c. DATE SIGNED <u>9/10/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F.</u>
24d. LOCATION (City, town, or county) (State) <u>Liberty mo.</u>		

24. DATE REC'D BY LOCAL REG. <u>Sept. 10-1951</u>		REGISTRAR'S SIGNATURE <u>Dominic Haynes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Church - Archer Co. Liberty, Mo</u>	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harold L. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, Md.

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.