

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 337

FEB 2 1952

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>   |  |
| c. LENGTH OF STAY (In this place) <u>75 years</u>                                       |  | d. STREET ADDRESS (If rural, give location) <u>3517 Wyandotte</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MENORAH HOSPITAL</u>                         |  |   |  |

3480

|  |                               |   |   |   |  |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MRS. KATHERINE</u> b. (Middle) <u>B</u> c. (Last) <u>NEVINS</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan 19 1952</u> |   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>June 27 1876</u>                        | 9. AGE (In years last birthday) <u>75</u>   | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>         |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                   |   | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo. D</u>                     |  |
| 13a. FATHER'S NAME <u>JOHN BARRONS</u>   |                               |   | 13b. MOTHER'S MAIDEN NAME <u>WINIFRED GRADY</u>             |   | 14. NAME OF HUSBAND OR WIFE <u>James H. Nevins</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |                               | 16. SOCIAL SECURITY NO. <u>none</u>                                 |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Sarah Curl</u> ADDRESS <u>525 East Armour</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, asthenia, etc. It means the disease, injury, or complication which caused death. |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart + Disease</u>   |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |                                  | DUE TO (b) <u>Essential Hypertension</u>  |  |  | <u>5 years</u>                                  |
|   |                                  | DUE TO (c) <u>Thrombosis of Ant. Central Artery</u>   |  |  | <u>443X</u>                                     |
|   |                                  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Cyst of Right Kidney</u> |  |  | <u>2 months</u>                                 |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION |   |  | 20. AUTOPSY? YES <input checked="" 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) (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 Sept 1946, to Jan 19 1952, that I last saw the deceased alive on Jan 15 1952, and that death occurred at 8 A.M., from the causes and on the date stated above.

|   |  |   |
|---|--|---|
| 23a. SIGNATURE <u>Jack W. Wolf</u> (Degree or title) <u>M.D.</u>      | 23b. ADDRESS <u>206 Agyle Hwy Kansas City, Mo.</u> | 23c. DATE SIGNED <u>Jan 21, 1952</u>                          |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>               | 24b. DATE <u>Jan 22 1952</u>                       | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |  |   |

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>1-22-52</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25 FUNERAL DIRECTOR'S SIGNATURE <u>Dwight P. Robin</u> ADDRESS <u>20 West Linwood</u> |
|---|---|---|

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

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~~

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Forrest D Caldwell*

Licensed Embalmer No. *4714*

P. O. Address *H. C. 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.