

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **20384**  
 Registrar's No. **2829**

**151** JUL 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH. a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5411 Euclid</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Katharine</b> b. (Middle) <b>L.</b> c. (Last) <b>CAYTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>March 23, 1915</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR <b>37</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Payroll Clerk Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Eng. Office</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Atchison, Kan.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Guy L. Klosermeier</b>		13b. MOTHER'S MAIDEN NAME <b>Eula Graham</b>		14. NAME OF HUSBAND OR WIFE <b>Bruce L. Cayton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-10-0275</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bruce L. Cayton 5411 Euclid K.C. Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC TAMPONADE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>moments</b>  <b>14 hours</b>  <b>451X</b>
	ANTECEDENT CAUSES  DUE TO (b) <b>dissecting aortic aneurysm (in mtd.)</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 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 14 Dec, 1949, to June 20, 1952, that I last saw the deceased alive on June 20, 1952, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

23. SIGNATURE <b>A. B. Heberman Jr. (Degree or title) M.D. O. MD</b>		23b. ADDRESS <b>1103 Grand Ave.</b>		23c. DATE SIGNED <b>21 June 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-23-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>6-21-52</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar Kansas City, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr A B. Lieberman  
Proff Bldg. Ha2212

STATEMENT BY LICENSED EMBALMER

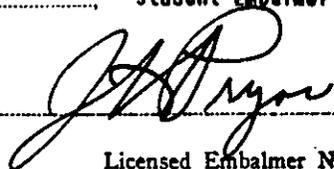
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 5119

P. O. Address F. 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.