

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24734

FILED AUG 4 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3279</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).			
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4002 Megee Kansas City</u>				d. STREET ADDRESS (If rural, give location) <u>4107 Warwick 3678</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Catherine</u>		b. (Middle) <u>Delpha</u>		c. (Last) <u>WIRT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1952</u>	
(Type or Print)							
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>April 13 - 1876</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Richard Estes</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Seckrest</u>	
13a. FATHER'S NAME <u>Richard Estes</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Seckrest</u>		14. NAME OF HUSBAND OR WIFE <u>Soela M. Wirt</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paul F. Krueger</u>		ADDRESS <u>4020 Megee</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>metastatic Adenocarcinoma.</u>			
				DUE TO (c) <u>Adenocarcinoma of Uterus.</u>			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.			
				INTERVAL BETWEEN ONSET AND DEATH <u>3 months.</u>			
				<u>10 Months.</u>			
				<u>15 Months.</u>			
				<u>174X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)			
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 <u>1 July, 1952</u> , to <u>18 July, 1952</u> , that I last saw the deceased alive on <u>17 July, 1952</u> , and that death occurred at <u>8:20 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Philip G. Kaul, M.D.</u> (Degree or title)				23b. ADDRESS <u>411 Nichols Road</u>		23c. DATE SIGNED <u>18 July 1952</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>				24b. DATE <u>July 21 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>				24b. DATE <u>July 21 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	
24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>							
DATE REC'D BY LOCAL REG. <u>7-20-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rannenburger</u>		ADDRESS <u>Harrisonville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James B. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.