

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>579</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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</u>		c. LENGTH OF STAY (in this place) <u>6 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>715 Olive</u>				d. STREET ADDRESS (If rural, give location) <u>715 Olive</u>			
3. NAME OF DECEASED (Type or Print) <u>KATHRYN</u>		a. (First)		b. (Middle)		c. (Last) <u>ROWLETTE</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 1953</u>	
8. DATE OF BIRTH <u>February 27, 1921</u>		9. AGE (In years last birthday) <u>31 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Western Electric</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missoula, Montana</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Western Electric</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Assembler</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missoula, Montana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Geo Kealhofer</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Orville Rowlette</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-18-9284</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Orville Rowlette</u> ADDRESS <u>R. C. Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respir. Inf. Exam. negative</u>		ANTECEDENT CAUSES <u>to barbiturates + narcotic</u>					
DUE TO (b) _____		DUE TO (c) <u>lobar pneumonia</u>					
II. OTHER SIGNIFICANT CONDITIONS <u>As morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							<u>490 X</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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>4050 Beckley Ave</u>		23c. DATE SIGNED <u>1-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>		24d. LOCATION (City, town, or county) (State) <u>R. C. Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-28-53</u>		REGISTRAR'S SIGNATURE <u>Suzaldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheil Tamm</u>		ADDRESS <u>R. C. Mo</u>	

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

can be all

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 Richard C. Carroll

Licensed Embalmer No. 4829

P. O. Address R. 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.

Affidavits containing erasures will not be accepted. draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 6256

State of Missouri }
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 579
M. J. Sheil of the

On this 23rd. day of March, 1953, before me appears Sheil Funeral Home

....., who, upon his oath, states that the original record of ^{birth} death
for Kathryn Rowlette died January 26, 1953, in the State of
^{born} Missouri, and which was filed at Kansas City, Mo. on Jan. 28, 1953, should be corrected as follows:

Item No. 4 should read January 25, 1953

Instead of..... January 26, 1953. (typing error)

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant M. J. Sheil Funeral Director
Relationship. Relationship.

x. 6606 Independence Ave. H.C. Mo
Present Address.

Subscribed and sworn to before me this 23rd day of March, 1953

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

S-6256