

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 309

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

1. PLACE OF DEATH a. COUNTY <u>Richman.</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>St. Joseph.</u>		c. LENGTH OF STAY (in this place) <u>29 1/2 hrs 1 AM 2 days.</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u> b. (Middle) <u>—</u> c. (Last) <u>SMITH,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-18-1956.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced.</u>	8. DATE OF BIRTH <u>11-17-1894.</u>
9. AGE (in years last birthday) <u>61</u> Months <u>4</u> Days <u>1</u>		10. IF UNDER 24 HRS. Hours Min.	
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 <u>Homemaking</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mayview, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Water house</u>		13b. MOTHER'S MAIDEN NAME <u>Lucille Bullard.</u>	
14. NAME OF HUSBAND OR WIFE <u>not given</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (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>Francis Smith, 420 So. Lawm. Kansas City, Mo.</u>	
17. ADDRESS		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-25-56</u>	
ANTECEDENT CAUSES (b) <u>Arterio-sclerosis.</u>			
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 <u>331x</u>	
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) 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 <u>1-25, 1956</u> , to <u>3-18, 1956</u> , that I last saw the deceased alive on <u>3-18, 1956</u> , and that death occurred at <u>5:25 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harriet Thomas, M.D.</u>		23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>3-18-1956.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/20/1956</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Warrensburg, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 20, 1956</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter - Bowman</u>		ADDRESS <u>St Joseph, 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.....
Signature of Student Embalmer

Signed *Billie C. Gordon*.....

Licensed Embalmer No. *498*.....

P. O. Address *St. Joseph*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.