

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 - 1957

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1296

S. 300
v. 1-57

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Doniphan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | c. CITY OR TOWN Wathena | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp. | | d. STREET ADDRESS (If outside, give location) 24 hours | |

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| 3. NAME OF DECEASED (Type or print) First GRETCHEL Middle --- Last URBAN | | | 4. DATE OF DEATH NOV. 8, 1957 | |
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| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH Dec. 16, 1905 | 9. AGE (In years last birthday) 51 | IF UNDER 1 YEAR Months 8 Days 25 | IF UNDER 24 HRS. Hours 8 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (City and state or country) St. Joseph, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME ABNER JEROME DOUGLAS | 13b. MOTHER'S MAIDEN NAME KATHRYN WORLEY | 14. NAME OF HUSBAND OR WIFE ----- |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address MRS. SAM HATFIELD, WATHENA, KANSAS |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary tuberculosis | | INTERVAL BETWEEN ONSET AND DEATH 15 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | |
| | DUE TO (c) _____ | |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) 002X | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from Nov. 7, 1957 to Nov. 8, 1957 and last saw her alive on Nov. 8, 1957 Death occurred at 12:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <i>[Signature]</i> | 22b. ADDRESS 420 N. 8th, St. Joseph, Mo. | 22c. DATE SIGNED 11/15/57 |
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| 23a. BURIAL (Specify) REMOVAL | 23b. DATE Nov. 8, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery | 23d. LOCATION (City, town, or county) (State) Troy, Kansas |
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| 24. FUNERAL DIRECTOR ADDRESS Harmon Funeral Home, Wathena, Kan. | 25. DATE RECD. BY LOCAL REG. Nov. 19, 1957 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part j must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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 *Charles M. Harman*

Licensed Embalmer No. *4487*

P. O. Address *Waltham, Ms*

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.