

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1188

State File No.

FILED FEB 14 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Kansas</u> b. COUNTY <u>Midway</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY OR TOWN <u>Osawatomie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>22 months</u>		e. STREET ADDRESS (If rural, give location) <u>910 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Maria's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lulu</u>	b. (Middle) <u>Velina</u>	c. (Last) <u>Cates</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-8-58</u>
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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>July 8 1903</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dress Shop</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Strasburg, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert M. Clawson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>Ernest Cates</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If rec, give war or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Cates</u>	ADDRESS <u>Osawatomie, Kansas</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERITONITIS SECONDARY TO SPLENIC ABSCESS FOLLOWING SPLENIC EMBOLUS;</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) DUE TO (b) <u>PELONEPHRITIS, AORTIC EMBOLUS</u>			<u>2 mo.</u>
	(c) DUE TO (c) <u>RHEUMATIC HEART DISEASE</u>			<u>MANY YEARS.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHOLECYSTITIS, STONES, & CHOLECYSTIC-DUODENAL FISTULA</u> <u>DECUBITUS ULCERS.</u>				

19a. DATE OF OPERATION <u>1-11-57</u>	19b. MAJOR FINDINGS OF OPERATION <u>INFARCTED L. LEG (AMPUTATED)</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from 11-7-57, to 1-8-58, that I last saw the deceased alive on 1-8-58, 1958, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald R. Davis, M.D.</u>	(Degree or title) <u>D</u>	23b. ADDRESS <u>4706 Broadway, K.C., Mo.</u>	23c. DATE SIGNED <u>1-10-58</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-11-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Strasburg, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Strasburg, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-11-58</u>	REGISTRAR'S SIGNATURE <u>neva mundall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brownfield-Stanley Pleasant Hill, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Donald R. Davis

FEB 14 1958



2150.1.7367.

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..... John R. Wilson
Licensed Embalmer No. 45
P. O. Address. Funeral

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.