

THE DIVISION OF HEALTH OF THE STATE OF KANSAS  
STANDARD CERTIFICATE OF DEATH

1189

STATE FILE NUMBER

FILED FEB 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 370

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Raymond W. O'Brien

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mission</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>			Length of stay in lb <u>1 day</u>			d. STREET ADDRESS <u>5200 Ash</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print)		First <u>William</u>		Middle <u></u>		Last <u>Catherwood</u>	
4. DATE OF DEATH		Month <u>Jan.</u>		Day <u>23,</u>		Year <u>1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 4, 1879</u>		9. AGE (In years last birthday) <u>78</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packing Lot Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Co.</u>		11. BIRTHPLACE (City and state or country) <u>North Bend, Nebr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Johnson Catherwood</u>				14. MOTHER'S MAIDEN NAME <u>Mary Catherwood</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>507-20-2155</u>		17. INFORMANT <u>Anna M. Catherwood, 5200 Ash, Mission, Ks.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>11 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>coronary atherosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						DUE TO (c) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
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.)				
20c. TIME OF INJURY Hour _____ 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	
21. I attended the deceased from <u>1954</u> to <u>Jan 22 1958</u> and last saw <u>her</u> alive on <u>Jan 22 '58</u> Death occurred at <u>6:40 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Raymond W O'Brien MD</u> (Degree or title)				22b. ADDRESS <u>4620 J.C. Nichols Pl, Knu City, Mo.</u>		22c. DATE SIGNED <u>1-23-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1/24/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Freemont, Nebraska</u>	
24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u> 20 W. Linwood, K.C. Mo.				25. DATE RECD. BY LOCAL REG. <u>1-23-58</u>		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>	

Ans. Howard C  
4620 Mobile  
Call office  
Monday - Feb.

3701 West 62nd St.

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... *Arthur Eugene Hook*

Licensed Embalmer No... 49

P. O. Address... K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.