

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028346
STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 946

300
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 Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN 0380 King City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		d. STREET ADDRESS (No Street Address)	
Length of stay in lb 6 hrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Kathryn (NMN) Wright			4. DATE OF DEATH Sept. 4 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 13 1876 82
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Self Employed	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	
11. BIRTHPLACE (City and state or country) DeKalb Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Spencer Head		13b. MOTHER'S MAIDEN NAME Sarah Ann Price	
14. NAME OF HUSBAND OR WIFE Frank (Deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) No None	
16. SOCIAL SECURITY NO. 495-38-8914A		17. INFORMANT Address Mrs. Geo. Hayes King City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident			INTERVAL BETWEEN ONSET AND DEATH Colera
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			331 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 King City		COUNTY Mo. STATE	
21. I attended the deceased from Dec 1956 to Sept 4, 1958 and last saw her alive on Sept 3, 1958 Death occurred at 12:05 A m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Design or title) J. J. Carpenter		22b. ADDRESS 902 Edmund	
22c. DATE SIGNED 9/6/58		22d. ADDRESS King City Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/4/58	
23c. NAME OF CEMETERY OR CREMATORY King City Cemetery		23d. LOCATION (City, town, or county) King City Mo.	
24. FUNERAL DIRECTOR Taggart-Woodrel		ADDRESS King City, Mo.	
25. DATE RECD. BY LOCAL REG. Sept 7, 1958		26. REGISTRAR'S SIGNATURE Mr. Clark Woodell	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. G. T. Carpenter

SEP 24 1958

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 *Harold E. Woodruff*

Licensed Embalmer No. *4609*

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