

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004425

STATE FILE NUMBER

FILED FEB 26 1959

Registration District No. 13 Primary Registration District No. 5057 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Aurora Mo. R2</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Berry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>(Aurora)</u> <u>AURORA R2</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Aurora Mo. R2</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mile S.E. OF AURORA Mo.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>5 mile S.E. AURORA</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>KATHRYN</u> Middle <u>B.</u> Last <u>SAMUEL</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>15</u> Year <u>1959</u>
5. SEX <u>Female</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>APRIL 3, 1886</u>
9. AGE (In years) <u>72</u> IF UNDER 1 YEAR Months <u>10</u> Days		IF UNDER 24 HRS. Hours <u>10</u> 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>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Berry County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James H. Braoley</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellie Stark</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. H. Demme</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Wm. H. Demme</u> Address <u>Aurora Mo R2</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>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis - C.V. disease</u>			DEF
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Deabetes mellitus - Chronic 4201</u>			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. Month, Day, Year _____		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>1955</u> to <u>Feb 1959</u> and last saw her alive on <u>Feb 13 - 1959</u> Death occurred at <u>2:30</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Degree or title) <u>McLellum M.D.</u>		22b. ADDRESS <u>200 S. Elliott Aurora</u>	22c. DATE SIGNED <u>Feb 16/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2/17/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>	23d. LOCATION (City, town, or county) (State) <u>Aurora MO</u>
24. FUNERAL DIRECTOR <u>Edison L. ...</u>	ADDRESS <u>Aurora MO</u>	25. DATE RECD. BY LOCAL REG. <u>2-16-59</u>	26. REGISTRAR'S SIGNATURE <u>Ma P. N. Cook</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE REC. 8 2 1

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 *Max L. Foucett* .....

Licensed Embalmer No. *4252* .....  
P. O. Address *M. W. W. W. W.* .....

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.