

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1-000296 STATE FILE NUMBER

FILED VS FEB 14 1961

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Registration District No. Primary Registration District No. Registrar's No.

AMENDED DATE AMENDED AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT SHOULD READ BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY St. Joseph c. FULL NAME OF HOSPITAL St. Joseph's Hospital 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Gentry c. CITY Stanberry d. STREET ADDRESS 810 No. Willow St. 3. NAME OF DECEASED Katherine Bridget Derks 4. DATE OF DEATH February 4, 1961 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH July 31, 1900 9. AGE 60 10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own home 11. BIRTHPLACE Conception, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A. 13a. FATHER'S NAME Maurice Egan Sr. 13b. MOTHER'S MAIDEN NAME Margaret Joy 14. NAME OF HUSBAND OR WIFE Ed Derks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 17. INFORMANT Ed Derks, Stanberry, Missouri 18. CAUSE OF DEATH IMMEDIATE CAUSE (a) metastatic carcinoma lung (b) Carcinoma right breast (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from 12.2.41 to 2.3.61 and last saw her alive on 2.3.61. Death occurred at 4:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE J.H. Ryan M.D. 22b. ADDRESS 301 N 8th St. Joseph, Mo. 22c. DATE SIGNED 2.6.61 23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE Feb. 6, 1961 23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery 23d. LOCATION (City, town, or county) Stanberry, Missouri 24. FUNERAL DIRECTOR Keierhoffer-Fleeman Inc., St. Joseph, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. Feb. 7, 1961 26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

**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 *Eric J. [Signature]*  
Licensed Embalmer No. 4427

P. O. Address St. Joseph, 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.