

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15615

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BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5468 Registrar's No. 404-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>GREENE MO.</u>	
b. CITY OR TOWN <u>Rogersville Rural, Taylor</u>		c. CITY OR TOWN <u>ROGERSVILLE - Rural - Taylor</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Mo - Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rogersville, Mo - Rural</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>	b. (Middle) <u>E</u>	c. (Last) <u>Killpatrick</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1949</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>Widowed 2</u>	8. DATE OF BIRTH <u>Dec 31, 1874</u>	9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Months <u>4</u>	# UNDER 1 YEAR Days <u>5</u>	# UNDER 1 YEAR Hours <u></u>	# UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>GRIFFING</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE... <u>William A. Killpatrick</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Francis T. Baldridge, Rogersville, Mo</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>WEEKS</u> <u>YEARS</u> <u>1221</u> <u>MONTHS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renal Insufficiency</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 May 4, 1949, to May 4, 1949, that I last saw the deceased alive on May 4, 1949, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Francis T. Baldridge</u>	23b. ADDRESS <u>575 S. Field - Mo</u>	23c. DATE SIGNED <u>5-6-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 6, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>	24d. LOCATION (City, town, or county) (State) <u>Rogersville Rural Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-9-49</u>	REGISTRAR'S SIGNATURE <u>W. J. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kelley-Ferrell-Bergman, Rogersville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed K. H. Kelley

Signed _____
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fardland, 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 this body is not embalmed, fact should be so stated above.