

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34008

State File No. 4473

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Iowa b. COUNTY Sioux	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 5 non resident		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sioux City	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street, address or location) Pronounced dead at General Hospital Entrance		d. STREET ADDRESS (If rural, give location) 3710 4th. Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Nora c. (Last) Stockburger			4. DATE OF DEATH (Month) (Day) (Year) Oct. 18 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 30- 1874
9. AGE (In years last birthday) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Taggart		13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE H. E. Stockburger
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'S SIGNATURE OR NAME H. E. Stockburger ADDRESS Sioux City, Iowa.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Probably fractured skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Auto + truck II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 81 W 3 10	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Autopsy refused		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (See 19b or about home, farm, factory, street, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 169 + 71 Bypass 122	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-17-49-5:00 P m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto Trauma	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:40 P.M. from the causes and on the date stated above.			
23a. SIGNATURE Hugh H. Owens (Degree or title) Coroner		23b. ADDRESS 1534 Quator Bldg	23c. DATE SIGNED 10-19-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-19-49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Smithville, Mo
DATE REC'D BY LOCAL REG. 10-19-49	REGISTRAR'S SIGNATURE Jessalmine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Foster	ADDRESS K.C. Mo

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 _____

Clayton K Barnes

Student Embalmer No. *348*

working under my personal supervision.

Student *Clayton Barnes*

Student Embalmer

Signed

JOE B. Yoder

Licensed Embalmer No. *4173*

P. O. Address *K.C. 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.