

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2508

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>47 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>4435 TROOST AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4435 TROOST AVENUE</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>21-38</u>	

3. NAME OF DECEASED (Type or Print) <u>CATHERINE MOHN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-3-1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEB-6-1870</u>		9. AGE (In years last birthday) <u>80 YRS</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	

10a. USUAL OCCUPATION (Give kind of work done in regular course of work, or retired) <u>CLERK, DRABBY DEPARTMENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PEENS OF KANSAS CITY</u>		11. BIRTHPLACE (State or foreign country) <u>PALMYRA, NEW YORK</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Michael James Horan</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KILLGALLON</u>	
14. NAME OF HUSBAND OR WIFE <u>EDWARD E. MOHN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>EDWARD E. MOHN</u>		ADDRESS <u>4435 TROOST AVENUE KANSAS CITY, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 MIN.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>CORONARY SCLEROSIS</u>		<u>20 YRS.</u>	
		DUE TO (c) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>		<u>20 YRS.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>GENERALIZED ARTERIOSCLEROSIS</u>		<u>20 YRS</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from JUNE, 1949, to JUNE 3, 1950, that I last saw the deceased alive on MAY 1, 1950, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ruth A. Hardacre</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4247 Troost</u>		23c. DATE SIGNED <u>6/5/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 6 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>					

DATE REC'D BY LOCAL REG. <u>6-5-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Son</u>	
				ADDRESS <u>1331 BRUSH CREEK DRIVE KANSAS CITY, MO.</u>	

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

2-4  
LIVS

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*D. D. Noflinger*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*3958*

P. O. Address.....

*Kansas City*

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.