

FILED JAN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

612

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 10

264

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>	
c. LENGTH OF STAY (In this place) <u>6 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>816 MADISON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>816 MADISON</u>			

3. NAME OF DECEASED (Type or Print) <u>KATHERINE MC MICHAEL</u>			4. DATE OF DEATH <u>JAN. 12, 1951</u>		
a. (First)	b. (Middle)		c. (Last)	Month	Day
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 30, 1857</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>
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		11. BIRTHPLACE (State or foreign country) <u>BALLYCASTLE IRELAND</u>	
13a. FATHER'S NAME <u>JOHN JOSEPH GILLEN</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MC CACHIM</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN MC MICHAEL</u>	
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 <u>Mrs. N.E. Blume</u> ADDRESS <u>JEFFERSON CITY</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		ANTECEDENT CAUSES			<u>2 years</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			<u>4 1/2 hrs</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)		
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 Jan 12, 1951 to Jan 12, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. O. H. ...</u>		23b. ADDRESS <u>JEFFERSON CITY, MO.</u>		23c. DATE SIGNED <u>1-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS</u>	24d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 15-1951</u>	REGISTRAR'S SIGNATURE <u>R.P. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester ...</u>	ADDRESS <u>J.C. MO.</u>	

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

RECEIVED 1-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 1-22-51 -----

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 -----

Donan K James

Student Embalmer No. *374*

working under my personal supervision.

Student *Donan K James*
Student Embalmer

Signed

Sylvester Dulle

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City, 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.