

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40780

State File No.

FILED DEC 31 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1322

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>St. Joseph</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>3 Mon.</u>		d. STREET ADDRESS (If rural, give location) <u>522 N. 3rd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>522 N. 3rd Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Kathryn</u>	b. (Middle) <u>Billings</u>	c. (Last) <u>Torrey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 21, 1951.</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</u>	8. DATE OF BIRTH <u>February 26, 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Prescott, Kansas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William H. Billings</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Montgomery</u>	14. NAME OF HUSBAND OR WIFE <u>Edward I. Torrey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-16-2535</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Addie Backstorn St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 months.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis gen</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Cervix-</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>As Cereb</u> Conditions contributing to the death but not related to the disease or condition causing death <u>Pleural effus-</u>		3 months 3 months	

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? <u>171X</u>
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22. I hereby certify that I attended the deceased from 10/11, 1951, to 12/14, 1951, that I last saw the deceased alive on 12/14, 1951, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank W. Anderson MD</u>	23b. ADDRESS <u>670 Francis St</u>	23c. DATE SIGNED <u>12/27/51.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 24, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prescott Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Prescott, Kansas.</u>
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DATE REG'D BY LOCAL REG. <u>Dec 28, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casler</u>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Fleischer St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 ****

**** ****
working under my personal supervision.

Signed *** **** *****
Student Embalmer

Signed Raymond W. Marchessault
Student Embalmer No. **** ***
Licensed Embalmer No. 4413 Missouri.
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 this body is not embalmed, fact should be so stated above.