

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41755
5608

State File No.

FILED JAN 5 1952

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 MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR KANSAS CITY	
c. LENGTH OF STAY (in this place) 4 MOS		d. STREET ADDRESS (If rural, give location) 509 WEST 17th STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 509 WEST 17th STREET			

3. NAME OF DECEASED a. (First) CATHERINE b. (Middle) M. c. (Last) NEHRING			4. DATE OF DEATH (Month) (Day) (Year) Dec. 24 - 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH 8/3/1883		9. AGE (In years last birthday) 68		10. CITIZEN OF WHAT COUNTRY? U. S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (State or foreign country) KANSAS	

13a. FATHER'S NAME HENRY GEORGE		13b. MOTHER'S MAIDEN NAME JULIA M. VIELBIG		14. NAME OF HUSBAND OR WIFE OTTO NEHRING (DEC.)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) NO (If give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ALTA M. MATHEWS K.C.MO.	

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) Coronary Occlusion		ANTECEDENT CAUSES		1 hr.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Generalized arteriosclerosis		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		4201	

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) (Min)		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 on 12/24, 1951, to 12-24, 1951, that I last saw the deceased alive on 12/24, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Young (Degree or title)		23b. ADDRESS 1401 S. W. Blvd. Kc.		23c. DATE SIGNED 12/24/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/27/1951		24c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY	
24d. LOCATION (City, town, or county) KANSAS CITY, KANSAS					

DATE REC'D BY LOCAL REG. 12-27-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GATES FUNERAL HOME, KANSAS CITY, KANSAS	
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(Licensed Embalmer's Statement on Reverse Side)

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

Do I see you
1401 SW

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

Student Embalmer No.....
Signed *Jimmy S. Hubbschorn*
Licensed Embalmer No. *4092*
P. O. Address *Mission, Kansas*

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.