

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41802**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5123

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Minnesota b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Minneapolis, Minn.	
c. LENGTH OF STAY (In this place) 4 Days		d. STREET ADDRESS (If rural, give location) R.R.#4 Wayzata District	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Mrs Katherine		b. (Middle) A.		c. (Last) Roy		4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 22, 1886	
9. AGE (In years last birthday) 65 years		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Waltham, Mass.		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Patrick Carlin		13b. MOTHER'S MAIDEN NAME No record		14. NAME OF HUSBAND OR WIFE Ernest J. Roy, sr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Peter Havstad ADDRESS 4909 Dean Lane	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease		
	DUE TO (c) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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 Dec. 16, 1951, to Dec. 17, 1951, that I last saw the deceased alive on Dec. 17, 1951, and that death occurred at 11.45 p.m. from the causes and on the date stated above.

23. SIGNATURE J. D. Bennett (Degree or title)		23b. ADDRESS 1630 Prof Bldg K.C Mo		23c. DATE SIGNED 12/18/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 19, 1951		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Minneapolis, Minn.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos. E. Quirk 4316 Troost Ave.			
DATE REC'D BY LOCAL REG. 12-19-51		REGISTRAR'S SIGNATURE Geraldine Holmes			

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
.....
working under my personal supervision.

Signed.....
Student Embalmer.

Student Embalmer No.
Signed.....
Licensed Embalmer No. 3725
P. O. Address.....

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.