S. No. 300
Rev. 10.48

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FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8307

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1246

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Margaret Kathryn Nursing Home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4146 Holly

3708

3. NAME OF DECEASED (Type or Print): a. (First) Addie b. (Middle) c. (Last) Chouteau

4. DATE OF DEATH (Month) (Day) (Year): Mar. 15 1952

5. SEX: Fe. 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 30, 1858
9. AGE (In years last birthday): 93 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Shawnee, Kansas.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Oliver J. McFarland
13b. MOTHER'S MAIDEN NAME: Amelia Lovelace
14. NAME OF HUSBAND OR WIFE: Wm. Chouteau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Bess L. Vollrath. K. C. Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cachexia — 10 weeks.
DUE TO (c) General & Cerebral Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture Hip, Non Union. — 10 Years ±

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 45°
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Dec., 1951, *to* 15 March, 1952, *that I last saw the deceased alive on* 2 March, 1952, *and that death occurred at* 7:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Philip G. Kaul MD (Degree or title): Philip G. Kaul MD
23b. ADDRESS: 411 Nichols Road
23c. DATE SIGNED: 16 March 52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/1952
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cem.
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gates Funeral Home, K. C. Kans.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Phillip Kane
Plaza Tower Bldg.

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 _____ Student Embalmer No. _____ working under my personal supervision.

Student .....
Student Embalmer

Signed Jimmy S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Mission, Kan.

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.