

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8790**  
Registrar's No. **29**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127**

492

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City, Missouri</b>	
c. LENGTH OF STAY (In hospital) <b>10 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>415 N. Main St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Kathryn</b>	b. (Middle) <b>Louise</b>	c. (Last) <b>Eutah</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 29 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 22 1890</b>	9. AGE (In years last birthday) Months Days <b>61 5 7</b>	# UNDER 1 YEAR <b>2</b>	# UNDER 1 MIN. <b>7</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Show Work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>With Carnivals</b>	11. BIRTHPLACE (State or foreign country) <b>Pottsville, Pa.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Harold Eutah</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Harold Eutah</b> ADDRESS <b>Webb City, Missouri</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hyponatremic Pneumonia</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pseudobulbar Paralysis</b> DUE TO (c) _____		<b>17 days</b>
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 _____	<b>352X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____
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 **Feb. 13, 1952**, to **Feb. 29, 1952**, that I last saw the deceased alive on **Feb. 29, 1952**, and that death occurred at **7:15P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. S. Laughter M.D.</b> (Degree or title)	23b. ADDRESS <b>Webb City, Missouri</b>	23c. DATE SIGNED <b>3/1/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 3 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar 3-52</b>	REGISTRAR'S SIGNATURE <b>J. E. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston Arnce Simpson</b> ADDRESS <b>Mortuary Webb City, M.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED *3-18-52*  
Jasper County Health Office

County File Number *52/3/208*

Date Filed *3-18-52*

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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 *Hewey C. Arnold*

Licensed Embalmer No. *4463*

P. O. Address *Waco City Tex*

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.