No. 300
10.48

FILED SEP 12 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28693

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 131

592
0

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

1. PLACE OF DEATH
a. COUNTY: LIVINGSTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHILLICOTHE
c. LENGTH OF STAY (in this place): 61 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LIVINGSTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHILLICOTHE 0592
d. STREET ADDRESS (If rural, give location): 415 EAST CALHOUN ST.

3. NAME OF DECEASED (Type or Print)
a. (First): KATHLEEN
b. (Middle): SMYTHE
c. (Last): MEINERSHAGEN

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 30 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MARCH 31 1876
9. AGE (In years last birthday): 76 — 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: None
11. BIRTHPLACE (State or foreign country): HOLTON, KANSAS
12. CITIZEN OF WHAT COUNTRY?: UNITED STATES

13a. FATHER'S NAME: Dr M B. SMYTHE
13b. MOTHER'S MAIDEN NAME: SARAH JANE MERCER
14. NAME OF HUSBAND OR ~~WIFE~~: FRED A. MEINERSHAGEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Julius F. Meinershagen 409 E. CALHOUN ST. Chillicothe 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): anuria — INTERVAL BETWEEN ONSET AND DEATH: 23 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): First & second degree burns over approx. 60% of body area — 23 hrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Explosion of gas in basement

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: E9160 059 16
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Chillicothe, Livingston, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug. 29 1952 9:45 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Gas from an old gas line accumulated in basement; was ignited by st. plugging in washing machine

22. *I hereby certify that I attended the deceased from* 1951, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 30 Aug, 1952, *and that death occurred at* 7:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles M. Grace, M.D.
23b. ADDRESS: Chillicothe, Mo.
23c. DATE SIGNED: 3 Sept. 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: SEPT. 2. 1952
24c. NAME OF CEMETERY OR CREMATORY: EDGEWOOD
24d. LOCATION (City, town, or county) (State): CHILLICOTHE. Mo.

DATE REC'D BY LOCAL REG.: Sept-2-52
REGISTRAR'S SIGNATURE: Frances B Neill
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: MEINERSHAGEN FUNERAL HOME CHILLICOTHE Mo

(Licensed Embalmer's Statement on Reverse Side) PER E BECKETT #3227

OCT 6 1955

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 E Beckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.