

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42036

State File No. \_\_\_\_\_

FILED DEC 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1129

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u>                                |  |
| c. LENGTH OF STAY (In this place)   |  | d. STREET ADDRESS (If rural, give location) <u>1128 W. Divison</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>                                   |  |  |  |

|                                     |                           |                            |                        |   |
|-------------------------------------|---------------------------|----------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>KATHRYN</u> | b. (Middle) <u>BRIDGET</u> | c. (Last) <u>PACHL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-17-1952</u> |
|-------------------------------------|---------------------------|----------------------------|------------------------|---|

|                      |                               |   |                                       |   |  |                                       |
|----------------------|-------------------------------|---|---------------------------------------|---|--|---------------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>Jan. 29, 1901</u> | 9. AGE (In years last birthday) <u>51</u> | # UNDER 1 YEAR Months _____ Days _____ | # UNDER 6 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|--|---------------------------------------|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|--|---|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <u>Patrick Bolton</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Witte</u> | 14. NAME OF HUSBAND OR WIFE <u>Widow</u> |
|--|--|--|

|   |   |  |                               |
|---|---|--|-------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If you give year or dates of service) <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Mc Nerney</u> | ADDRESS <u>Springfield Mo</u> |
|---|---|--|-------------------------------|

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 months</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>   |  |  |
|  | ANCECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of Rectum</u><br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>154x</u>  |  |  |  |

|                                       |   |  |
|---------------------------------------|---|--|
| 19a. DATE OF OPERATION <u>9-29-52</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum with hepatic metastases</u> | 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) _____ m. | 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 April 11, 1952 to Dec 17, 1952, that I last saw the deceased alive on Dec 16, 1952 and that death occurred at 12:30 a.m., from the causes and on the date stated above.

|   |                                     |                                  |
|---|-------------------------------------|----------------------------------|
| 23. SIGNATURE (Degree or title) <u> Kenneth O. Ogden M.D.</u> | 23b. ADDRESS <u>Springfield, Mo</u> | 23c. DATE SIGNED <u>12-19-52</u> |
|---|-------------------------------------|----------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-18-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Verona Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Verona Missouri</u> |
|---|---------------------------|---|--|

|  |   |   |  |                               |
|--|---|---|--|-------------------------------|
| DATE REC'D BY LOCAL REG. <u>12/19/52</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | Deputy Registrar <u>W. KLINGNER &amp; CO.</u> | 5. FUNERAL DIRECTOR'S SIGNATURE <u>W. KLINGNER &amp; CO.</u> | ADDRESS <u>Springfield Mo</u> |
|--|---|---|--|-------------------------------|

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

Correct

STATE

DEC 22 1952

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 *Max Rhodes* \_\_\_\_\_

Licensed Embalmer No. *4071* \_\_\_\_\_

P. O. Address *Springfield* \_\_\_\_\_

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.