No. 200
10.48

FILED SEP 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29390

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810 Registrar's No. 68

100

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

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Americus, Mo.
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Americus, Mo. 0700
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) c. (Last) Kateman,

4. DATE OF DEATH (Month) (Day) (Year) Sept 9th, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Nov 20-1883
9. AGE (In years last birthday) 69 — 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) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Rhineland, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Theodar Kateman,
13b. MOTHER'S MAIDEN NAME Chestrene Steiger,
14. NAME OF HUSBAND OR WIFE xxxxxxx

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. ---
17. INFORMANT'S SIGNATURE OR NAME Otto Mayer — ADDRESS Rhineland, 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) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) MYOCARDITIS Chronic — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
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* Sept 4, 1953, *to* Sept 10, 1953, *that I last saw the deceased alive on* Sept 4, 1953, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) James A. Helm MD
23b. ADDRESS New Florence Mo.
23c. DATE SIGNED 9-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 12-1953
24c. NAME OF CEMETERY OR CREMATORY St. Josephes Cemetery
24d. LOCATION (City, town, or county) (State) Rhineland, Mo.

DATE REC'D BY LOCAL REG. Sept. 12, 1953
REGISTRAR'S SIGNATURE Mrs. Eunice Bush 432
25. FUNERAL DIRECTOR'S SIGNATURE Barton Walker — ADDRESS Auxerrow Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.