

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31686**
Registrar's No. **4509**

No. 300
10-48

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4509

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 2318 Spruce	
3. NAME OF DECEASED (Type or Print) a. (First) Katie		c. (Last) BILLMAN	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 16, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-18-74
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Marion, Kansas - 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DAVID Schneider		13b. MOTHER'S MAIDEN NAME KATHERINE HELFENBINE	
13c. NAME OF HUSBAND OR WIFE HENRY		14. NAME OF HUSBAND OR WIFE	
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 Mrs. Alice Bowman		ADDRESS 3452 Penn. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized & Cerebral arteriosclerosis DUE TO (c) Dehydration & Electrolyte Disturbance	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 mo 10 1/2 yrs 3 1/2 1 wk	
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 <u>9-12-53, 1953, to 9-16, 1953</u> , that I last saw the deceased alive on <u>9/16, 1953</u> , and that death occurred at <u>7:50 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Mary C. Colglazier (Degree or title) MD		23b. ADDRESS 1103 Grand	
23c. DATE SIGNED 9/17/53		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-19-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 9-17-53	REGISTRAR'S SIGNATURE Sheridine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Melody-MoGilley-Eylar ADDRESS Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Colegliaer
Hd. 1220 Prof. Hlly.
~~Dr. Vankamund~~

Ch 1514

V. 8180

after 2⁰⁰

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

Melvin Barton

Licensed Embalmer No.

4903

P. O. Address

KC 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.