

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32284

State File No.

FILED OCT 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lexington</u>		c. LENGTH OF STAY (If this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>1720 Bloom St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1720 Bloom St.</u>				d. STREET ADDRESS (If rural, give location) <u>1720 Bloom St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u>			b. (Middle) <u>W.</u>		c. (Last) <u>Paul</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 11, 1953</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 9, 1863</u>		9. AGE (In years last birthday) <u>90</u>
IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dress Making</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Ende</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Nagel</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Paul</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carl Geiger, St. Joseph, Missouri</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>2 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (Min.)		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>July 1952</u> to <u>Aug 11, 1953</u> , that I last saw the deceased alive on <u>August 7, 1953</u> and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. J. Geiger M.D.</u>				23b. ADDRESS <u>1561 Forest St. Lexington, Missouri</u>		23c. DATE SIGNED <u>10-12-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>August 14, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>10-13-53</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Radtke</u>					25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joseph T. Tempel Lexington, Missouri</u>

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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 *W. J. [Signature]*

Licensed Embalmer No. 2983

P. O. Address *Longton, N. C.*

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.