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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **938**

FILED JAN 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Pottawatomie</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield</b>		c. CITY OR TOWN <b>Westmoreland</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			

81508

3. NAME OF DECEASED (Type or Print) a. (First) <b>KATHRYN</b>	b. (Middle) <b>R.</b>	c. (Last) <b>JACKSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 9 1954</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 24, 1905</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kan.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>F. J. Remold</b>	13b. MOTHER'S MAIDEN NAME <b>Oliver</b>	14. NAME OF HUSBAND OR WIFE <b>Widowed</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Virginia Rezach</b>	ADDRESS <b>St. Mary's Kansas</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Concussion of brain</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>multiple lacerations of head</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>S. Campbell Twp Greene 089 Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1-7-54 4 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>auto accident</b>
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22. I hereby certify that I attended the deceased from **1-7, 1954** to **1-9, 1954** that I last saw the deceased alive on **1-9, 1954**, and that death occurred at **9:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Michael Delaney M.D.</b>	23b. ADDRESS <b>1630 N. Jefferson</b>	23c. DATE SIGNED <b>1-11-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal &amp; Burial</b>	24b. DATE <b>1-10-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Westmoreland Kansas</b>	24d. LOCATION (City, town, or county) (State) <b>Westmoreland, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>1-11-54</b>	REGISTRAR'S SIGNATURE <b>Laura Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. KLINGNER &amp; CO. Springfield, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 8 1954

STATEMENT BY LICENSED EMBALMER

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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.....  
Signature of Student Embalmer

Signed *Max Shod*.....  
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Licensed Embalmer No.....

P. O. Address *Spring*.....

12-11 Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.