

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19395**

492
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BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. LENGTH OF STAY (In this place) 2M	
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY	
		d. STREET ADDRESS (If rural, give location) 122 SOUTH WEBB	
3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE b. (Middle) LEE c. (Last) ROSE		4. DATE OF DEATH (Month) (Day) (Year) JUNE 26 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 3, 1873
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 1 Days 23	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE	11. BIRTHPLACE (State or foreign country) WINFIELD, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME THOMAS CARTMILL	
13b. MOTHER'S MAIDEN NAME OAKLEY TURLEY		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JUNE ROSE ADDRESS JEFFERSON CITY, MO
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Myocardial Infarction		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mania + Debilitation ANTHROPIC CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thyroid Infection et Serum DUE TO (c) Serum 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 checked="" type="checkbox"/>		492 X	
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>4-19</u> , 19 <u>54</u> , to <u>6-26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-25</u> , 19 <u>54</u> , and that death occurred at <u>2:50 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) [Signature]		23b. ADDRESS 628 W. Bly. Webb City, Mo	23c. DATE SIGNED 6-25-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-27-1954	24c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY	24d. LOCATION (City, town or county) (State) WEBB CITY MO
DATE REC'D BY LOCAL REG. 6-26-'54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE-LEWIS FUNERAL HOME ADDRESS WEBB CITY, MO	

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

RECEIVED JUN 28 1954
Jasper County Health Office
County File Number 54-6-489
Date Filed JUN 28 1954

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 Richard Gray Lew

Licensed Embalmer No. 2445

P. O. Address Webb City 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.