

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15578****2021**

BIRTH NO. _____		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Colorado				b. COUNTY Denver		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City		c. LENGTH OF STAY (In this place) 5 weeks		c. CITY OR TOWN Denver		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				STREET ADDRESS (If rural, give location) Colburn Hotel - 908 Grant St.				9059		
3. NAME OF DECEASED (Type or Print) CATHERINE		a. (First) D.		b. (Middle) PROSSER		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 8, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Nov. 4, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Women's Editor			10b. KIND OF BUSINESS OR INDUSTRY Denver Post Paper		11. BIRTHPLACE (City and State or Foreign Country) Fayette, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Lewis S. Prosser			13b. MOTHER'S MAIDEN NAME Mary E. Dines			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. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. J.C. Rutherford, 229 Ward Pkwy, K.C. Mo.			ADDRESS			
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) Suppurative Pyelonephritis -				INTERVAL BETWEEN ONSET AND DEATH		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma, Bladder -						
				DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										181X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE Russell W. Kerr				(Degree or title) MD		23b. ADDRESS St Joseph Hosp		23c. DATE SIGNED 8 May 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 5-10-55		24c. NAME OF CEMETERY OR CREMATORY DW Newcomer's Crematory		24d. LOCATION (City, town, or county) Kansas City, Missouri		(State) _____		
DATE REC'D BY LOCAL REG. 5-9-55		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C. MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 23 1956

JUN 14 1956

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
Signature of Student Embalmer

Signed *Elmer D. Fink*

Licensed Embalmer No. *481*
P. O. Address *Kansas City*

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