

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 1 1955

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6964 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>		
b. CITY (If outside corporate limits, write RURAL and give name of township) OR TOWN <u>PARKVILLE Platte</u>		c. LENGTH OF STAY (in this place) <u>30 YRS</u>	c. CITY OR TOWN <u>PARKVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>20</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL NORTHERN HEIGHTS</u>			e. STREET ADDRESS (If rural, give location) <u>RURAL NORTHERN HEIGHTS</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>McHATTIE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 16 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 22 1868</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>KANSAS CITY SOUTHERN RAILROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CINCINNATI, Ohio</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CINCINNATI, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William McHATTIE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KRAMER</u>		14. NAME OF HUSBAND OR WIFE <u>JEANETTE McHATTIE</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>MRS JEANNETTE McHATTIE PARKVILLE</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>794X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>One year</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pott's</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)		21f. HOW DID INJURY OCCUR?
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"/>			
22. I hereby certify that I attended the deceased from <u>July 7, 1954</u> , to <u>October 1955</u> , that I last saw the deceased alive on <u>October 7, 1955</u> , and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John B. Withrow M.D.</u>			23b. ADDRESS <u>2025 Swift, North Kansas City, Mo.</u>		23c. DATE SIGNED <u>10/17/55</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highway Cem</u>		24d. LOCATION (City, town, county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-19-55</u>		REGISTRAR'S SIGNATURE <u>Alphie Rollins 2570</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newcomers Sons N.K.C. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Rec'd Oct 28 - 55
Platte County N. D.
B. A.

NOV 15 1955

JAN 5 1956

DEC 13 1955

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..... *John W. Kalsbeek*

Licensed Embalmer No... 49
P. O. Address... *W. O. Kalsbeek*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.