

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

4710

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 866

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>	c. CITY OR TOWN <u>Butler</u>		d. In 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 <u>St. Luke's Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>308 Harrison</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u> b. (Middle) <u>L.</u> c. (Last) <u>CRABTREE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 8, 1884</u>	9. AGE (In years last birthday) <u>71 7/2</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>David McGaughey</u>		13b. MOTHER'S MAIDEN NAME <u>Dorcas Tuttle</u>	
14. NAME OF HUSBAND OR WIFE <u>James F. Crabtree</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>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James F. Crabtree</u>		ADDRESS <u>308 Harrison, Butler, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>Cons. by aff. of Inf.</i> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of Fallopian Tube</u> 9. 27.61 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart failure (Congestive)</u> DUE TO (c) <u>hypertension severe</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity - Paralytic Stenosis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2d from</u>		17 hrs		years	
19a. DATE OF OPERATION <u>14 Feb '56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of Fallopian tube left metastatic to ovum</u>		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, 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 <u>12 Feb, 1956</u> , to <u>27 Feb, 1956</u> , that I last saw the deceased alive on <u>Feb 27, 1956</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. E. Cox MD</u> (Degree or title) _____			23b. ADDRESS <u>4635 Myrtle</u>		23c. DATE SIGNED <u>27 Feb '56</u>
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/27/56</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-27-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND. CO. K.C.MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Kenneth E. Cox

(Licensed Embalmer's Statement on Reverse Side)

In. Kenneth E. Pof
4635 Wyandotte
Ju 1-9400

Epp 6:15-2

1 to 3:30

MS MAY 28 1956
9561

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Eugene T. Poff

Licensed Embalmer No..... 46
P. O. Address.....
Lawson City

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