

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16719

State File No. ....

FILED MAY 23 1956

BIRTH NO. ....		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>82</u>	
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>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Lee's Summit</u>			
c. LENGTH OF STAY (In this place) <u>45 days</u>				d. STREET ADDRESS (If rural, give location) <u>310 W. 3rd</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hosp.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Katherine A.</u>		b. (Middle) <u>Blackwell</u>		c. (Last) <u>Blackwell</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>13</u>		(Year) <u>1956</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>July-7-1877</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Case County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John O. Kees</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Dunn</u>		14. NAME OF HUSBAND OR <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Granvillene Amos, Lee's Summit, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES DUE TO (b) <u>2° Burns</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9160</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Mort Burn</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lee's Summit, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-25-1956</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gas heater caught clothing on fire</u>			
22. I hereby certify that I attended the deceased from <u>3-29</u> , 19 <u>56</u> , to <u>4-13</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-13</u> , 19 <u>56</u> , and that death occurred at <u>11:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert H. Mason</u>				23b. ADDRESS <u>Durbin, Mo.</u>		23c. DATE SIGNED <u>5-13-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-15-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-13-1956</u>		REGISTRAR'S SIGNATURE <u>M. B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Langford Funeral Home</u> ADDRESS <u>Lee's Summit, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

*N. B. Longstaffe*

Licensed Embalmer No.

*4962*

P. O. Address

*Leit Summit*

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.