

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) <u>Trinity Lutheran Hosp.</u>			Length of stay in 1b <u>3 1/2 YEARS</u>		d. STREET ADDRESS <u>BELLERIVE HOTEL</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>CATHARINE</u> Middle <u>SHIELS</u> Last <u>POWERS</u>				4. DATE OF DEATH Month <u>DEC.</u> Day <u>5</u> Year <u>1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan-25-1892</u>		9. AGE (In years last birthday) <u>64</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		11. BIRTHPLACE (City and state or country) <u>OSWEGO, NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>THOMAS EDMOND GREENFIELD</u>				14. MOTHER'S MAIDEN NAME <u>MARGARET MARSHALL</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>124-18-1177</u>		17. INFORMANT <u>R.J. Williams</u> Address <u>5622 TAHOE LANE, K.C. MO.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Plumetec heart disease, chronic</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metal Abnormalities: Atrial Fibrillation.</u> DUE TO (c) <u>Congestive heart failure.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Year 3+</u> <u>3 yrs +</u> <u>6 mo +</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Terminal Anemia following acute cold 4 wks-</u>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>8-14-1956</u> to <u>Dec 5, 1956</u> and last saw her <u>him</u> alive on <u>Dec 4, 1956</u> Death occurred at <u>3:15 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Joseph E. Welker</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>836 Prof. Bldg K.C. 6 Mo</u>			22c. DATE SIGNED <u>12-5-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>DEC 7, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>JOHNSON COUNTY KANSAS</u>			
24. FUNERAL DIRECTOR <u>P.W. NEWCOMER'S SONS</u>			ADDRESS <u>331 Dewey Center</u>		25. DATE RECD. BY LOCAL REG. <u>12-6-56</u>		26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Joseph E. Welker

MEDICAL CERTIFICATION

1961 8 31 NRC

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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... *Everett L. Smith* .....

Licensed Embalmer No. *50*

P. O. Address... *K. C.* .....

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.