Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021306
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattsburg — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lewis Rest Home — Length of stay in Ib 5 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Platte
c. CITY OR TOWN Platte City 0830 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 miles East Platte City — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Katherine Middle Y. Last Heath
4. DATE OF DEATH: Month July Day 9 Year 1958
5. SEX: Fe
6. COLOR OR RACE: Wh
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Feb. 18, 1884
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 4 Days 21 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Platte Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John F. Yates
13b. MOTHER'S MAIDEN NAME: Frances Day
14. NAME OF HUSBAND OR WIFE: David Heath
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Jesse Heath Address: PlatteCity, Mo. RFD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4222
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Apr 1-58, to July 9-58 and last saw her him alive on June 26-58
Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. B. Spalding (Degree or title) MD
22b. ADDRESS Plattsburg Mo
22c. DATE SIGNED July 9-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-11-58
23c. NAME OF CEMETERY OR CREMATORY McComas Cemetery
23d. LOCATION (City, town, or county) Platte County, (State) Missouri

24. FUNERAL DIRECTOR MCComas Funeral Home ADDRESS Smithville, Mo.
25. DATE RECD. BY LOCAL REG. July 16, 1958
26. REGISTRAR'S SIGNATURE Elizabeth Searce

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, Mo

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.