

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043265

STATE FILE NUMBER 1389

FILED JAN 5 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 310 S. 13th St.		d. STREET ADDRESS (If outside, give location) 310 S. 13th St.	
3. NAME OF DECEASED (Type or print) KATHRYN		4. DATE OF DEATH Month Dec. Day 24 Year 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 17, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		11. BIRTHPLACE (City and state or country) Rosendale, Mo.	
13a. FATHER'S NAME William A. Gardner		14. NAME OF HUSBAND OR WIFE Russell Ackley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. V.M. Robinson, 310 S. 13th St. St. Joseph, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Myocardial Insufficiency DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis Obliterans, Both Feet - Gangrene			INTERVAL BETWEEN ONSET AND DEATH Months Yrs
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.) 4221	
20c. TIME OF INJURY Hour 12:15 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <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 St. Joseph, Mo.	
21. I attended the deceased from 11-18-58 to 12-23-58 and last saw her alive on 12-1-58 Death occurred at 12:15 m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 12-24-58	
22a. SIGNATURE Robert H. Kiebel, M.D.		22b. ADDRESS St. Joseph, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/27/1958	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Mo.	
24. FUNERAL DIRECTOR Horton-Bauman		25. DATE RECD. BY LOCAL REG. Dec. 26, 1958	
26. REGISTRAR'S SIGNATURE Mrs. Clark Standell			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. Robert W. Kiebel

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 *William Spaulding*

Licensed Embalmer No. *4535*

P. O. Address *Joseph, 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.