Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016802
STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 501

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Joseph, — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hosp. #2 — Length of stay in 1b 50yrs	d. STREET ADDRESS (If outside, give location) 419 Virginia — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Katie	Middle May	Last Gainley	4. DATE OF DEATH Month May Day 10 Year 1959
5. SEX Fxxxx	6. COLOR OR RACE W	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Dec 25, 1884
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (City and state or country) County Carey, Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Unk	13b. MOTHER'S MAIDEN NAME Barbara Loftos	14. NAME OF HUSBAND OR WIFE none	
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 Marie Huffman Address St. Joseph, Mo	

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) Lobar Pneunomia — INTERVAL BETWEEN ONSET AND DEATH 4days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Recent right hip fracture — 6days

DUE TO (c) 9047

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 45

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Pt. fell

20c. TIME OF INJURY Hour a.m. Month, Day, Year 8:35 5/4/58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hospital

20f. CITY, TOWN, OR LOCATION St. Joseph — COUNTY Buchanan — STATE Missouri

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21. I attended the deceased from 5/10/59, to 5/10/59 and last saw her him alive on 5/10/59

Death occurred at 8:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Cossins MD	22b. ADDRESS State Hospital #2 St. Joseph, Mo	22c. DATE SIGNED 5/10/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/13/59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo
24. FUNERAL DIRECTOR John E. Kupp	ADDRESS St. Joseph, Mo	25. DATE RECD. BY LOCAL REG. May 13, 1959	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. C.E.Cossins

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.