

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017800

STATE FILE NUMBER 2275
REGISTRAR'S NO. 2275

FILED MAY 29 1959

Registration District No. 149

149

Primary Registration District No. 1002

1002

Registration District No. 1002

Health, Welfare, Public Service

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-57 4

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital or institution) HOSPITAL OR INSTITUTION 100 E. 36th ST.		d. STREET ADDRESS 5613 VIRGINIA	

3. NAME OF DECEASED (Type or print) KATHARINE KIOUS			4. DATE OF DEATH MAY 5, 1959		
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5. SEX female	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT 21 1884	9. AGE (In years last birthday) 74	10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) RICH HILL MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SAM BROADDUS	13b. MOTHER'S MAIDEN NAME UNKNOWN BURTON	14. NAME OF HUSBAND OR WIFE LEROY F. KIOUS
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 486 01 2697 B	17. INFORMANT LEROY F. KIOUS	Address 5613 VIRGINIA
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>13 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Generalized arteriosclerosis</i>	<i>10 yrs.</i>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4560</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year 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
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21. I attended the deceased from <i>2/29/56</i> to <i>5/6/59</i> and last saw her alive on <i>5/30/59</i> . Death occurred at <i>2:25 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS <i>4526 Posco, KCMO</i>	22c. DATE SIGNED <i>5/5/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>19 May 59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>POAK HILL CEM</i>	23d. LOCATION (City, town, or county) (State) <i>BUTLER, MO.</i>
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24. FUNERAL DIRECTOR <i>DW Newcomer's Son, Inc.</i>	ADDRESS <i>K.C.</i>	25. DATE RECD. BY LOCAL REG. <i>5-6-59</i>	26. REGISTRAR'S SIGNATURE <i>New Marshall</i>
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All diseases in Part I must be causally related.

Claude C. Farley USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 

Licensed Embalmer No. 3035
P. O. Address 

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.