

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008856

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1276 STATE FILE NUMBER

FILED MAR 29 1961

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 50 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4427 Harrison Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4427 Harrison Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4427 Harrison Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First KATHERINE Middle Last HORR
 4. DATE OF DEATH Month March Day 11 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10-23-1859 9. AGE (last birthday) 101
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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
 11. BIRTHPLACE (City and state or country) Bartholomew County, Ind. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Bradley C. Lewis 13b. MOTHER'S MAIDEN NAME Susanna Estes 14. NAME OF HUSBAND OR WIFE C. W. Horr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Elma F. Kennedy 4427 Harrison

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart Disease
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 _____ 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 1955 to present and last saw her 1 month ago alive on _____
 Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alfred A. Caruso M.D. 22b. ADDRESS 924 - Linwood 22c. DATE SIGNED 3/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-13-61 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery 23d. LOCATION (City, town, or county) (State) Lawrence, Kansas

24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary Kansas City, Mo. 25. DATE RECD. BY LOCAL REG. 3-11-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Alfred A. Caruso MEDICAL CERTIFICATION

Dwight Carver
922 Lenwood
JE 1-2141
2-5 P.M.

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 J. James Freeman

Licensed Embalmer No. 5098

P. O. Address K.C., 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.