

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023653

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 115

FILED JUN 26 1961

1. PLACE OF DEATH

a. COUNTY

Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Marshall

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION City of Saline Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

COUNTY Saline

admission)

c. CITY OR TOWN Nelson

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Rural route No 1

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Robert

Middle

Henry

Last

Kateman

4. DATE OF DEATH

Month

June

Day

18th

Year

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-24-1879

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Montgomery County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Theodore Kateman

13b. MOTHER'S MAIDEN NAME

Christine Steiger

14. NAME OF HUSBAND OR WIFE

Josephine Brewster

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.

499-40-4276

17. INFORMANT

318 North Brunswick

Sidney Kateman, Marshall, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhage.

DUE TO (b)

Purpura undetermined

DUE TO (c)

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

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

Patent's hemorrhage + bowel

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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

June 1

to June 18

and last saw him alive on June 18-61

Death occurred at

12:01 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John R. Lawrence M.D.

22b. ADDRESS

Marshall, Mo.

22c. DATE SIGNED

6-19-61

23a. FUNERAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-20-1961

23c. NAME OF CEMETERY OR CREMATORY

Arrow Rock cemetery

23d. LOCATION (City, town, or county)

Arrow Rock, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Campbell-Lewis, Marshall, Mo.

25. DATE RECD. BY LOCAL REG.

6-20-61

26. REGISTRAR'S SIGNATURE

Ceil B. Read

(Licensed Embalmer's Statement on Reverse Side)

ADDITIONAL INFORMATION ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 9 700

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

James H. Lewis

Licensed Embalmer No. 4709

P. O. Address

Marshall, 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.