

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032149

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 87

FILED OCT 9 1961

1. PLACE OF DEATH
a. COUNTY Carroll

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carrollton Length of stay in 1b 3 Mos. c. CITY OR TOWN Norborne Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lancaster Rest Home Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 301 E. 2nd St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Nellie - - - Katz Oct. 5, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married 8. DATE OF BIRTH 3-25-1883 9. AGE (last birthday) 78 IF UNDER 1 YEAR IF UNDER 24 HR
Widowed Divorced Months Days 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 At Home 11. BIRTHPLACE (City and state or country) Carroll County Mo 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME John Harrison 13b. MOTHER'S MAIDEN NAME Leona Templeton 14. NAME OF HUSBAND OR WIFE August Katz

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. None 17. INFORMANT Mrs. Fred Gebhardt Address Carrollton, 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) Uremia
DUE TO (b) Chronic Pyelonephritis
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 (e) Diabetes mellitus, Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

INTERVAL BETWEEN ONSET AND DEATH 3-4 wks
?

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 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 6-16-59 to 10-5-61 and last saw her/him alive on 10-3-61
Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William S Everett MD 22b. ADDRESS Carrollton Mo. 22c. DATE SIGNED 10-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-8-1961 23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery 23d. LOCATION (City, town, or county) Norborne, Missouri

24. FUNERAL DIRECTOR Gibson Funeral Home ADDRESS Norborne, Mo. 25. DATE RECD. BY LOCAL REG. 10-8-61 26. REGISTRAR'S SIGNATURE Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, 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.