

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022916

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2768

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 21 1962

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 53 years
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4314 Moats Drive Inside Limits 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) 4314 Moats Drive Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Katharine S. Catlin 4. DATE OF DEATH Month Day Year May 21, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-29-1904 9. AGE (last birthday) 57 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) Retired Teacher of Deaf School 10b. KIND OF BUSINESS OR INDUSTRY Troost 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Sharp 13b. MOTHER'S MAIDEN NAME Mabelle Weir 14. NAME OF HUSBAND OR WIFE Jess K. Catlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Jess K. Catlin, 4314 Moats Drive

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 Hrs.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease 15 yrs.
 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 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 27TH, 1953 to 5/21/62 and last saw her/him alive on 5/13/62
 Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harry L. Biggo, M.D. 22b. ADDRESS Raytown, 33, Mo 22c. DATE SIGNED 5/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-24-1962 23c. NAME OF CEMETERY OR CREMATION Mt. Moriah Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers, Brush Creek-Paseo 25. DATE RECD. BY LOCAL REG. 5-23-62 26. REGISTRAR'S SIGNATURE Ruth W Long

Kansas City, Mo. (Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF HARRY L. BIGGO MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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 *Louis Sweet*

Licensed Embalmer No. 4096

P. O. Address K.E.M.O.

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.