

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **12433**
Registrar's No. **1358**

FILED APR 16 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1358</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS <u>475 Wallace</u>		d. (If rural, give location) <u>475 Wallace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 475 Wallace</u>				d. STREET ADDRESS <u>475 Wallace</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alice</u>		b. (Middle) <u>May</u>		c. (Last) <u>Gurney</u>	
4. DATE OF DEATH		(Month) <u>Mar.</u>		(Day) <u>25,</u>		(Year) <u>1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 7, 1877</u>	9. AGE (In years last birthday) <u>72</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (State or foreign country) <u>Covington, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>Thomas Baldwin</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Mullins</u>		14. NAME OF HUSBAND OR WIFE <u>John Gurney (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robt. S. Smith</u> ADDRESS <u>Kansas City, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Coronary sclerosis</u>					
		DUE TO (c) <u>Arteriosclerosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>48</u> , to <u>March</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 21</u> , 19 <u>49</u> , and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. G. Jamison</u> (Degree or title) <u>2 D.O.</u>				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>Mar. 25, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Mar. 25, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Cincinnati, Ohio.</u>	
DATE REC'D BY LOCAL REG. <u>3-25-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>Independence, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

48
3
8
1

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4/23

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.