

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19546

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2720</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLATSOP</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>6 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CLERER</u>		22 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KRESTWOOD CONVALESCENT HOME</u>				d. STREET ADDRESS (If rural, give location) <u>X</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS. STELLA K.</u> b. (Middle) _____ c. (Last) <u>GILMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21-1949</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>DECEMBER 14-1878</u>	
9. AGE (In years last birthday) <u>70 YRS.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>FREMONT, IOWA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>IRA B. KINNEY</u>		13b. MOTHER'S MAIDEN NAME <u>ANN HOCKETT</u>		14. NAME OF HUSBAND/OR-WIFE <u>DR. C. J. GILMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. H. J. GWINNER, 4019 JACKSON, K.P.M.</u>			
18. CAUSE OF 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemiplegia</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.					INTERVAL BETWEEN ONSET AND DEATH <u>46 hrs</u> <u>6 mo</u> <u>3 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>341</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>March 1949</u> , to <u>6-21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-21</u> , 19 <u>49</u> , and that death occurred at <u>1:52 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Daniel F. Hogan</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>801 1/2 W 39th St. K.C. Mo</u>		23c. DATE SIGNED <u>6-22-49</u>	
24a. BURIAL, CREMATION-REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-23-49</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. H. Newcomer Sons, K.C. Mo</u> <u>1537 Brush Creek</u>			

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

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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 _____

Edward M. Storey

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4452

P. O. Address _____

K. C. 4 m

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.