

4238

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33827

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4222</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</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 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		14 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vineyard Park Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>512 Washington Blvd.</u>			
3. NAME OF DECEASED a. (First) <u>Ellie</u>		b. (Middle)		c. (Last) <u>Gebhardt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>unknown</u>	
9. AGE (In years last birthday) <u>78</u>		10. 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>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>unknown</u>	
12. CITIZEN OF WHAT COUNTRY? <u>--</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Harry Gebhardt</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. E. E. Sadler, Bronsville, Texas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>occlusion of coronary artery</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>encephalomalacia</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>40 Min.</u> <u>2 yrs.</u> <u>1 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1, 1949</u> , to <u>Oct. 1, 1949</u> , that I last saw the deceased alive on <u>Oct. 1, 1949</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE OF DECEASED <u>Sheldon M. D.</u> (Degree or title)				23b. ADDRESS <u>922 Walnut K. C. Mo.</u>		23c. DATE SIGNED <u>10-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>10-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Meriden</u>		24d. LOCATION (City, town, or county) (State) <u>Topeka, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>10-2-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gibson &amp; Son Mortuary K. C. Kans.</u>			

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

**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 .....

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.

DUE TO (a)

*Cholera**10-3-49**1949*

## 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

20. AUTOPSY?

YES  NO 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)

21e. INJURY OCCURRED

WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Oct 1, 1949, that I last saw the deceased alive on Oct 1, 1949, and that death occurred at 2:10 m., from the causes and on the date stated above.

23a. SIGNATURE

J. G. Sheldon

(Degree or title)

23b. ADDRESS

G. W. Volney R.C. Mo

23c. DATE SIGNED

10-2-49

24a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

24b. DATE

10-3-49

24c. NAME OF CEMETERY OR CREMATORY

Meriden

24d. LOCATION (City, town, or county)

Topeka, Kansas

(State)

DATE REC'D BY LOCAL REG.

10-2-49

REGISTRAR'S SIGNATURE

J. Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Gibson &amp; Son Mortuary, K.C.K.

**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 .....  
Student Embalmer

Signed

*George M. Malloy*

Licensed Embalmer No. *2798*

P. O. Address *N. C. 14*

**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.