

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12259

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. LENGTH OF STAY (In this place) <u>11 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Garden City</u>		0190
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) ✓		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ziniada</u> b. (Middle) _____ c. (Last) <u>Gulbis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1950</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>May 7, 1899</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursing</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Latvia</u>		12. CITIZEN OF WHAT COUNTRY? <u>Latvia</u>

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. R. O. Shuck, no. _____ Garden City</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>Approx 1 hr.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombocyte penia purpura</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>296X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) _____ m.		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 April 19, 1950, to May 3, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry B. Nestors</u>		23b. ADDRESS <u>Harrisonville, Mo</u>		23c. DATE SIGNED <u>5-3-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clearfork Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>White's New Garden City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 3, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Atkinson</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.

Signed Billy J. Riley

Signed _____
Student Embalmer

Licensed Embalmer No. 4685

P. O. Address Shelton City, Missouri

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.