

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33518
4495

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 16 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital		d. STREET ADDRESS (If rural, give location) 2417 Harvard			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas			b. (Middle) (Gayman)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) October 24 1950		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 10, 1888		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days 4 28		IF UNDER 24 HRS. Hours Min. 4 28	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Construction			11. BIRTHPLACE (State or foreign country) Unknown Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME John Gayman			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Nora Gayman		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 496-0969123		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pearl LaHiff, Kansas City, Missouri			
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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) Myocardial Infarction ANTECEDENT CAUSES Coronary artery occlusion Morbidity 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.						INTERVAL BETWEEN ONSET AND DEATH 4 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 7-22, 1950, to 10-24, 1950, that I last saw the deceased alive on 10-23, 1950, and that death occurred at 7:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE E. O. Fisher M.D. (Degree or title)			23b. ADDRESS 11018 Walnut Rd			23c. DATE SIGNED 10/24/50		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-27-50		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
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DATE REC'D BY LOCAL REG. 10-25-50		REGISTRAR'S SIGNATURE Theraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Person Funeral Home, Indep. Mo.		
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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

R. A. Lisle

Licensed Embalmer No. 4123

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.