

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20154

State File No.

2550

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

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>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>4 mos</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u> <u>02 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis Convalescent Home</u>		d. STREET ADDRESS (If rural, give location) <u>X1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Estella</u> c. (Last) <u>Gilchrist</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-51</u>	
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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>Aug 19, 1880</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Business</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Paola Ks.</u>	11. BIRTHPLACE (State or foreign country) <u>POTTAWATOMIE COUNTY, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Theodore E Eddy</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jacobia</u>	14. NAME OF HUSBAND OR WIFE <u>Howard Gilchrist</u>	
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DAVIDSON</u> ADDRESS <u>A.E. Davidson 512 Woodland KC Mo.</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Malignant Hypertension</u>		<u>5 yrs.</u>
	DUE TO (c) <u>General Arterio Sclerosis</u>		<u>5 yrs.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>		<u>5 yrs.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other 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 Jan 12, 1950, to June 13, 1951, that I last saw the deceased alive on 6-12, 1951, and that death occurred at 4:30 PM from the causes and on the date stated above.

23a. SIGNATURE <u>F. W. Thompson</u> (Degree or title)	23b. ADDRESS <u>705 Bryant Bldg</u>	23c. DATE SIGNED <u>6-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>JUNE 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMB'S SONS</u>	24d. LOCATION (City, town or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>6-15-51</u>	REGISTRAR'S SIGNATURE <u>M. Geraldine Holmead</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. W. Newcomer's Sons</u> ADDRESS <u>Kansas City, Mo.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Board of Officers

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.....

Basil V Honey

Licensed Embalmer No. *4724*

P. O. Address *Fishland, 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.