

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41716

State File No.

5276

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>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>27 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>7037 Agnes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7037 Agnes</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GERTRUDE</u> b. (Middle) <u>JANE</u> c. (Last) <u>McLOUGHLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-7-51</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-1-1895</u>	9. AGE (In years last birthday) <u>56</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Gary, Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Thomas C. York</u>		13b. MOTHER'S MAIDEN NAME <u>Grayson</u>		14. NAME OF HUSBAND OR WIFE <u>Charles McLaughlin</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>E.T. McLaughlin</u>		ADDRESS <u>7037 Agnes</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>				6 mo +	
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 June 2, 1951, to Dec. 7, 1951, that I last saw the deceased alive on Dec. 5, 1951, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.R. Becker</u>		23b. ADDRESS <u>4000 Baltimore Kansas City, Mo.</u>		23c. DATE SIGNED <u>12/8/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlaw</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-8-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holme</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Assentius Bros</u>		ADDRESS <u>K.C. Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr R. B. Becker
4000 Baltimore
L 6322

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.....

J. S. Wactor

Licensed Embalmer No.

2744

P. O. Address.....

R. C. M. D.

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.