S. No. 300
v. 10.48

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

FILED JAN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43995

BIRTH NO. 76404 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5725

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1327 Troost

3 | 4 8

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Eugene
c. (Last): Gaches

4. DATE OF DEATH (Month): 11 (Day): 6 (Year): 51

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 11-5-51

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours 10 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas City Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Doss Gaches

13b. MOTHER'S MAIDEN NAME: Dolly Daisy Greer

14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Record Clerk-General Hosp. No. 1

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

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.

INTERVAL BETWEEN ONSET AND DEATH: 7 hr X

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) m.

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. 5, 19 51, *to* Nov. 6, 19 51 *that I last saw the deceased alive on* Nov. 6, 19 51, *and that death occurred at* 4:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. I. Burns (Degree or title) B. I. Burns, M.D.

23b. ADDRESS: 24th & Cherry

23c. DATE SIGNED: 11-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-16-52

24c. NAME OF CEMETERY OR CREMATORY: Leeds

24d. LOCATION (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG.: 1-17-52

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: Wm A Lohmeyer

ADDRESS: K C Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wright

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 Not Embalmed, working under my personal supervision.

Student Embalmer No.....

Signed Wm. A. Lohmeyer

Signed.....
Student Embalmer

Licensed Embalmer No. 3089

P. O. Address KC 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.