

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14186

State File No. 1920

FILED MAY 1 1953

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 Harrison	
b. CITY (If outside corporate limits, write RURAL and give townships) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Bethany 8411	
c. LENGTH OF STAY (In this place) 12 Days		d. STREET ADDRESS (If rural, give location) 424 No. 22nd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital.			

3. NAME OF DECEASED (Type or Print) GOLDIE	a. (First)	b. (Middle)	c. (Last) GARD.	4. DATE OF DEATH April 9, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 3, 1902	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri.	12. CITIZENRY OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Oscar Sanders	13b. MOTHER'S MAIDEN NAME Bessie Nighthart	14. NAME OF HUSBAND OR WIFE W.B.Gard
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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) No.	16. SOCIAL SECURITY NO. 489-32-3251	17. INFORMANT'S SIGNATURE OR NAME W.B.Gard, Bethany, Missouri.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral encephalomalacia, right. DUE TO (c) Occlusion of the right internal carotid artery 332X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr MD (Degree of MD)	23b. ADDRESS St. Joseph Hospital K.C. Mo.	23c. DATE SIGNED 4-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE April 9, 53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Bethany, Missouri.
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DATE REC'D BY LOCAL REG. 4-10-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wilton K. Topley	ADDRESS Indep. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 10 1961

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

Jason T White

Licensed Embalmer No. 4925

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.