

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14200**  
**2202**

FILED MAY 13 1953

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

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>40 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MARGARET KATHRYN NURSING HOME</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <b>VERNIA A. GOTT</b>		e. STREET ADDRESS (If rural, give location) <b>3418 2641 FOREST AVENUE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 24 1953</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>NOV. 15 1878</b>
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Near Bolivar, MISSOURI</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>.....</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Samuel Hensley</b>		13b. MOTHER'S MAIDEN NAME <b>Welsh</b>	14. NAME OF HUSBAND OR WIFE <b>HENRY J. GOTT</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-22-5751</b>	17. INFORMANT'S SIGNATURE OR NAME <b>M. E. GOTT</b> ADDRESS <b>5004 FOREST AVE. KANSAS CITY, MO.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Cancer of GI Tract</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b> ANTECEDENT CAUSES <b>Unknown</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Unknown</b> DUE TO (b) <b>Unknown</b> DUE TO (c) <b>Unknown</b> II. OTHER SIGNIFICANT CONDITIONS <b>153</b> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>40</b>		19b. MAJOR FINDINGS OF OPERATION <b>40</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		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) <b>40</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June</b> , 1952 to <b>4/24/53</b> , that I last saw the deceased alive on <b>4/24/53</b> , and that death occurred at <b>2:15 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>M. B. Casebolt MD</b>		23b. ADDRESS <b>4000 Baltimore</b>	
23c. DATE SIGNED <b>4/25/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Apr 27 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. MORIAH CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>4-27-53</b>		REGISTRAR'S SIGNATURE <b>Shiraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Newcomer</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	

VS DEC 1 1960

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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.....  
Signature of Student Embalmer

Signed *Charles H. Stickney*.....

Licensed Embalmer No. *456*.....

P. O. Address *NC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.