

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14264

State File No.

FILED APR 16 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1714

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 33 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4015 Myrtle Avenue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3608	
		d. STREET ADDRESS (If rural, give location) 4015 Myrtle Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Gladys b. (Middle) J. c. (Last) Iles			4. DATE OF DEATH (Month) (Day) (Year) March 28, 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 17, 1903		9. AGE (In years last birthday) 49 yrs.		10. IF UNDER 1 YEAR: Days _____ IF UNDER 1 Mo. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Southwest City, Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Elery Stucker		13b. MOTHER'S MAIDEN NAME Anita Shackelford		14. NAME OF HUSBAND OR WIFE Cecil Iles	
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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. 487-26-6354		17. INFORMANT'S SIGNATURE OR NAME Cecil Iles ADDRESS 4015 Myrtle K.C., Mo.	
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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) Coronary Thrombosis		ANTECEDENT CAUSES Arteriosclerotic heart disease					
		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.						4200	

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, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from 1949 to 3-27-1953 that I last saw the deceased alive on 3-27-1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) MD		23b. ADDRESS 4050 Boulevard S.W.		23c. DATE SIGNED 3-28-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/30/53		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 3-28-53		REGISTRAR'S SIGNATURE Herald Smith		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons ADDRESS 4139 Truman Rd. K.C., Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

James W. Carp

Licensed Embalmer No. *4623*

P. O. Address *A. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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