

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **28632**
 Registrar's No. **4102**

FILED **SEP 11 1953**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

| | | | |
|--|--|--|--|
| 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. CITY OR TOWN Kansas City | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 33 yrs. | | e. STREET ADDRESS (If rural, give location) 3414 Central | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA - Lakeside Hospital | | 3. NAME OF DECEASED a. (First) IRI b. (Middle) R. c. (Last) Gulick | |
| 4. DATE OF DEATH (Month) (Day) (Year) Aug. 18, 1953 | | 5. SEX D 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 12-24-05 | |
| 9. AGE (In years last birthday) 47 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter | |
| 10b. KIND OF BUSINESS OR INDUSTRY Pritchard Const. Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Webb City, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Jesse Gulick | |
| 13b. MOTHER'S MAIDEN NAME Joan Parmeter | | 14. NAME OF HUSBAND OR WIFE Gertrude Gulick | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-II | | 16. SOCIAL SECURITY NO. 495-03-1272 | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Gulick | | ADDRESS 3414 Central, KC, Mo. | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction ANTECEDENT CAUSES Coronary Occlusion 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. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH 20 min | |
| 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 8-1, 1953 , to 8-18, 1953 , that I last saw the deceased alive on 8-18, 1953 , and that death occurred at 3:00 P.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Harold W. Ball | | 23b. ADDRESS Kansas City, Kansas | |
| 23c. DATE SIGNED 8-18-53 | | 23d. DEGREE OR TITLE DO 2 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8-21-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY CAVARY | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | |
| DATE REC'D BY LOCAL REG. 8-19-53 | | REGISTRAR'S SIGNATURE Sheldine Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar | | ADDRESS Kansas City, Mo. | |

OCT 5 1959

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.....
Licensed Embalmer No.....

P. O. Address.....

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.