

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39327**
5310
 Registrar's No.

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) 18 YRS.		e. STREET ADDRESS (If rural, give location) 1205 Linwood 3528	
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1		52	
3. NAME OF DECEASED (Type or Print) a. (First) Mabel b. (Middle) _____ c. (Last) Von Gorgtz		4. DATE OF DEATH (Month) (Day) (Year) 11 7 1953	
5. SEX Fe!	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 3	8. DATE OF BIRTH 10-9-1891
9. AGE (In years last birthday) 62		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER		10b. KIND OF BUSINESS OR INDUSTRY HEALTH CLINIC	
11. BIRTHPLACE (City and State or Foreign Country) HARTFORD, CONN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W.F. GIRARD		13b. MOTHER'S MAIDEN NAME MARY R. GRANT	
13c. NAME OF HUSBAND OR WIFE GOTTFRIED VON GORGITZ			
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. 494-14-3670	
17. INFORMANT'S SIGNATURE OR NAME EVELYN FORSEILLE		ADDRESS 1205 Linwood K.C. 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) Metastatic carcinoma of breast, Primary 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 170X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <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 Oct. 29 , 1953, to Nov. 7 , 1953, that I last saw the deceased alive on Nov. 7 , 1953, and that death occurred at 5:35A. 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 11-9-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-9-53	
24c. NAME OF CEMETERY OR CREMATORY FOREST HILL		24d. LOCATION (City, town, or county) (State) K.C. MO.	
DATE REC'D BY LOCAL REG. 11-9-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Melody McGilley-Eyler		ADDRESS K.C. MO	

Rev. P.

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 *Allen G. Aesch*

Licensed Embalmer No. *4063*

P. O. Address *K.C. 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.