

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42906**  
**5921**

FILED JAN 14 1954

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

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Luke's Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>623 Romany Road</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Roy</u> b. (Middle) <u>A.</u> c. (Last) <u>GALLAGHER</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Dec. 16, 1953</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>4-12-03</u>
<b>9. AGE</b> (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Kansas City, Missouri</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Broker</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Insurance</u>	
<b>11. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>A. E. Gallagher</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Katherine Burns</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Etta L. Gallagher</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> <u>197-34-7471</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Etta L. Gallagher</u>	
<b>17. ADDRESS</b> <u>623 Romany Rd. KC, Mo</u>		<b>18. CAUSE OF DEATH</b> 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.	
<b>18. CAUSE OF DEATH</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
<b>18. CAUSE OF DEATH</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>19a. DATE OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>12-14, 1953</u> , to <u>12-16, 1953</u> , that I last saw the deceased alive on <u>12-16, 1953</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>W. A. Slentz</u> (Degree or title) <u>M.D.</u>		<b>23b. ADDRESS</b> <u>315 Nichols Rd. K.C. Mo.</u>	
<b>23c. DATE SIGNED</b> <u>12/18/53</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>12-19-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody-McGilley-Eylar</u>	
<b>25. ADDRESS</b> <u>Kansas City, Mo</u>		<b>DATE REC'D BY LOCAL REG.</b> <u>12-18-53</u>	
<b>REGISTRAR'S SIGNATURE</b> <u>Suzaldine Smith</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody-McGilley-Eylar</u>	

**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

*Melvin Bastian*

Licensed Embalmer No. 4903

P. O. Address W.C. No

**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.**