

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1321**  
Registrar's No. **331**

78158-53  
FILED FEB 11 1954

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

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) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>170 days</b> OR TOWN <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Children's Mercy Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>718 Forest</b> <b>3138</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Linda Lou Gale</b> b. (Middle) <b>D</b> c. (Last) <b>Gale</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-20-54</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Baby</b>	8. DATE OF BIRTH <b>11-5-53</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Eric Gale</b>		13b. MOTHER'S MAIDEN NAME <b>Hernia Willis</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Eric Gale, 718 Forest, K.C. Mo.</b> ADDRESS	

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.	19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Agenesis &amp; Hydrocephalus</b>		<b>Life</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchopneumonia</b>			<b>7527</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **1-2-**, 19**54**, to **1-20-**, 19**54**, that I last saw the deceased alive on **1-20-**, 19**54**, and that death occurred at **11:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wayne Hart</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Mercy Hospital</b>	23c. DATE SIGNED <b>1-20-54</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1/22/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Buckner</b>
24d. LOCATION (City, town, or county) (State) <b>Buckner Mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sheil Funeral Home K.C. Mo.</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>1-21-54</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	

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 .....  
Signature of Student Embalmer

Signed *John P. Sheel* .....  
Licensed Embalmer No. *362* .....

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.