

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8655

State File No. ....

FILED MAR 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 967

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>55 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Krestwoods Medical 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 <u>Kansas City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>7511 McGee</u> <span style="float: right;"><u>3916</u></span>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>MRS. BESSIE</u> b. (Middle) <u>PEARL</u> c. (Last) <u>(GERAUGHTY)</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 2, 1954</u>	
<b>5. SEX</b> <u>Female</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>May 15, 1879</u>		<b>9. AGE</b> (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months _____ IF UNDER 1 YEAR Days _____ IF UNDER 1 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Eureka, Kansas</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Andrew Jackson Hunter</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Weakley</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Dr. Edward Geraughty</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Dr. Edw. Geraughty, 7511 McGee, K.C. 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>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertensive C. V. Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis.</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
<b>19a. DATE OF OPERATION</b> <u>None</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>No</u>	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. CITY, TOWN, OR TOWNSHIP</b> (COUNTY) (STATE) <u>Kansas City Jackson MO</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <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 _____, 1950, to <u>3-2</u>, 1954, that I last saw the deceased alive on <u>3-2</u>, 1954, and that death occurred at <u>3:15 p.m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>W.L. Gist</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>108 E 65th Jarr</u>	
<b>23c. DATE SIGNED</b> <u>3/2/54</u>		_____	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>3-5-54</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Washington</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>3-4-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sheldine Smith</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>STINE &amp; McCLURE UND. CO.</u>		<b>ADDRESS</b> <u>K.C. MO.</u>	

VS APR 21 1960

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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 *Gerald W. Burger*

Licensed Embalmer No. 476

P. O. Address *H. C. J.*

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.