

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8656**
Registrar's No. **1252**

BIRTH NO. **FILED APR 7 1954** 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. LENGTH OF STAY (in this place) 16 MONTHS	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 3910 MERCIER		e. STREET ADDRESS (If rural, give location) 3910 MERCIER	
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) J. c. (Last) GERETY		4. DATE OF DEATH (Month) (Day) (Year) MARCH 20, 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 1-22-1872
9. AGE (In years at birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCERYMAN (RETIRED)	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
10b. KIND OF BUSINESS OR INDUSTRY SELF		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MICHAEL J. GERETY		13b. MOTHER'S MAIDEN NAME ANNA DeLARGIE	14. NAME OF HUSBAND OR WIFE CHRISTINA GERETY (DEC)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MICHAEL T. GERETY 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis Coronary Artery ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis Generalized 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH several years	
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 Feb 22, 1954 , to Mar 20, 1954 , that I last saw the deceased alive on Feb 22, 1954 , and that death occurred at 4 A. m., from the causes and on the date stated above.			
23a. SIGNATURE Lawrence E. Wood (Degree or title) M.D.		23b. ADDRESS 44 1/2 S. 1st St. St. Louis, Mo	23c. DATE SIGNED Mar 20, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-21-1954	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI
DATE REC'D BY LOCAL REG. 3-20-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME, KANSAS CITY, KANSAS ADDRESS	

R. E. Wood
Place In
Je 1700.

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 *Jimmy S. Nicholson*

Licensed Embalmer No. *409*

P. O. Address *Mission*

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.