

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8659**

**885**

FILED MAR 18 1954

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

<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>21 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4618 Warwiock Boulevard</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>4618 Warwiock Boulevard</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Marguerite</u> b. (Middle) <u>M.</u> c. (Last) <u>GIBLIN</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 25, 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 (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>12-29-97</u>
<b>9. AGE</b> (In years last birthday) <u>56</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Cincinnati, Ohio</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Thos. J. Graham</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rose Anna McCarthy</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Cornelius J. Giblin</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> <u>C. J. Giblin, 4618 Warwiock Blvd., 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, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Aneurism - dissecting - aorta - abdominal</u>  ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis of the aorta</u> DUE TO (c) <u>Arteriosclerosis - generalized</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 hours</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardiovascular Disease</u> <u>Arteriosclerotic Heart Disease</u>		451X	
<b>19a. DATE OF OPERATION</b>		<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)		<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) (M.)		<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>1938</u> , 19____, to <u>2-25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-23</u> , 19____, and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>John H. Wheeler</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>4117 N. Ashland Rd</u>	
<b>23c. DATE SIGNED</b> <u>2-26-54</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>2-27-54</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Olivet</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Kansas City, Missouri</u>	
<b>DATE REC'D BY LOCAL REG</b> <u>2-26-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody-McGilley-Eylar</u>		<b>ADDRESS</b> <u>Kansas City, Mo.</u>	

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

Dr. J. H. Wheeler  
Plaza Tower Bldg  
1st 5 - Fri.

APR 29 1957

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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 *Arthur Eugene Lork*.....

Licensee Embalmer No. *49*.....

P. O. Address *K.C.*.....

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.