

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8670

State File No.

No. 300
10.48

FILED APR 7 1954

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1231

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>6 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1509 W. 29th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick D.</u>		b. (Middle) <u>Gorker</u>	
c. (Last) <u>Gorker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-17-54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-4-1875</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retiree</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Augustus Gorker</u>		13b. MOTHER'S MAIDEN NAME <u>Annie "Nix" May Gorker</u>	
14. NAME OF HUSBAND OR WIFE <u>May Gorker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish War</u>	
16. SOCIAL SECURITY NO. <u>"Nix"</u>		17. INFORMANT'S SIGNATURE OR NAME <u>May Gorker</u> ADDRESS <u>Same</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic heart disease</u>	
DUE TO (c)		DUE TO (d)	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		4200	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Geo. C. Koehn</u> (Degree or title)		23b. ADDRESS <u>405 Riverside Blvd</u>	
23c. DATE SIGNED <u>3-17-54</u>		24a. BURIAL CREMATION REMOVAL (Specify)	
24b. DATE <u>3-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Mt Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>F.L. Leavenworth Kan.</u>		DATE REC'D BY LOCAL REG. <u>3-19-54</u>	
REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. C. W. Weelut</u> ADDRESS <u>R.C. & W.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 7

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..... *B. E. Weir*

Licensed Embalmer No. *402*

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

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.