

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18920

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2487

1. PLACE OF DEATH
a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. LENGTH OF STAY (in this place) 28 yrs.

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 918 Woodland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

STREET ADDRESS (If rural, give location) 918 Woodland 3158

3. NAME OF DECEASED (Type or Print)
a. (First) AGGIE b. (Middle) _____ c. (Last) GASTON

4. DATE OF DEATH (Month) (Day) (Year) May 31, 1954

5. SEX Female 3 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Aug. 5, 1885 9. AGE (In years last birthday) 68 10. UNDER 1 YEAR 11. UNDER 1 YEAR 12. UNDER 1 YEAR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) Cook Co., Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Fannie Drew 14. NAME OF HUSBAND OR WIFE Alfred Gaston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Katherine Hinton - 2842 Myrtle

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion (b) Chronic Myocarditis (c) 1 yr

ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)

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 NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 1, 1954 to May 31, 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 11 A. M., from the causes and on the date stated above.

23a. SIGNATURE M. M. Blount MD (Degree or title) MD 23b. ADDRESS 501 1/2 St. Louis 23c. DATE SIGNED 6/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/4/54 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 6-3-54 REGISTRAR'S SIGNATURE Heraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Sterling Miller 1212 1/2 Ave

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 *Laurence P. Jones*.....
44

Licensed Embalmer No.....

P. O. Address *1212 Ken...*

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.