

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1131**

| | | | | | | | |
|--|--|---|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>122</u> | |
| 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) OR TOWN <u>Kansas City</u> | | c. LENGTH OF TIME (in this place) <u>48 years</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Hosp. K.C. Mo.</u> | | | | STREET ADDRESS (If rural, give location) <u>1311 Brush Creek Blvd.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>F.</u> c. (Last) <u>Gavin</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1955</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>July 19, 1912</u> | |
| 9. AGE (In years last birthday) <u>42 years</u> | | IF UNDER 1 YEAR: Months _____ Days _____ | | IF UNDER 10 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Clerk Veterans Adm.</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | 13a. FATHER'S NAME <u>Thomas Gavin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Lyons</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Bernice Gavin</u> | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>W.W. 11</u> <u>W.W. 11</u> | | | |
| 16. SOCIAL SECURITY NO. <u>487-05-3623</u> | | | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Va. Hosp. Official Records K.C. Mo.</u> | | | |
| 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) <u>J.I. hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>esophageal varices</u> DUE TO (c) <u>unknown</u> Morbid 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>unknown</u> <u>4621</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 <u>1-7</u> , 19 <u>55</u> to <u>1-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-9</u> , 19 <u>55</u> and that death occurred at <u>8:45 P.M.</u> the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J.A. Nigro M.D.</u> | | | | 23b. ADDRESS <u>1222 McKee</u> | | 23c. DATE SIGNED <u>1-10-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan. 11, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u> | | 24d. LOCATION (City, town, or county) (State) <u>K. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-10-55</u> | | REGISTRAR'S SIGNATURE <u>Neval Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos. E. Quirk 4316 Troost Ave.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Na 2389

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Thomas E. Lee

Licensed Embalmer No. 37
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.