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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1955

State File No. 4800

878

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS 3820 Wyandotte	

3. NAME OF DECEASED a. (First) GENE			b. (Middle) K.			c. (Last) GESLING			4. DATE OF DEATH (Month) (Day) (Year) February 24, 1955						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH February 20, 1928		9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Salisbury, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Louis Gesling			13b. MOTHER'S MAIDEN NAME Bertha Hartung			14. NAME OF HUSBAND OR WIFE Lee Leath Gesling		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 498 32 2050		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, Kansas City,				ADDRESS			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema & hyperemia						INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerular nephritis						2 years	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death: Hypertensive heart disease						592 X 1 year	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) VA		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 Jan. 13, 1955, to Feb. 24, 1955, and that death occurred at 11:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE GENE F. ARMSTRONG, M.D.		(Degree or title) D		23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 2/25/55	
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24a. BURIAL, CREMATION, OR REMOVAL REMOVAL		24b. DATE Feb 25, 1955		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Salisbury, Missouri	
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DATE REC'D BY LOCAL REG. 2-26-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS BRUSH CREEK Bldg. 1331 ADDRESS R.C. Mo.			
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 15 1953

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..... *Robert E. Kerson*

Licensed Embalmer No... *K. L.*  
P. O. Address... *K. E. Me...*

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.