

FILED APR 25 1955

STANDARD CERTIFICATE OF DEATH

11920

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1352

1. PLACE OF DEATH  
a. COUNTY Jackson

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

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

c. CITY OR TOWN Kansas City

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

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

f. STREET ADDRESS (If rural, give location) 15 132 7 E. 9th. 3158

3. NAME OF DECEASED  
a. (First) Nell b. (Middle) F. c. (Last) Gaultney

4. DATE OF DEATH (Month) (Day) (Year) 3-26-55

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 1-10-13

9. AGE (In years last birthday) 42 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) Hswf

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Copan, Okla.

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

13a. FATHER'S NAME Joseph Means

13b. MOTHER'S MAIDEN NAME Amanda Sullivan

14. NAME OF HUSBAND OR WIFE Fred Gaultney

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

16. SOCIAL SECURITY NO. done

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Record Clerk: K.C. Burns #1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) IC:V:IA.

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b)  
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
331 X

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 March 21, 1955, to March 26, 1955, that I last saw the deceased alive on March 26, 1955, and that death occurred at 2:05 Am., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) Mid.

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 3-26-55

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 3-26-55

24c. NAME OF CEMETERY OR CREMATORY Stillwell

24d. LOCATION (City, town, or county) (State) Stillwell, Okla.

DATE REC'D BY LOCAL REG. 3-26-55

REGISTRAR'S SIGNATURE Neal Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. C. Wulbert, K.C. 8, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *B. E. Wiley*

Licensed Embalmer No. *40*

P. O. Address *K.C. 8*

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.