

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11929

State File No.

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1494

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 STAY (in this place) <u>15 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3438 EAST 62ND STREET</u>		STREET ADDRESS (If rural, give location) <u>3438 EAST 62ND STREET</u>	
3. NAME OF DECEASED a. (First) <u>MARTIN</u>		b. (Middle) <u>A</u>	c. (Last) <u>GONSER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 2, 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>AUG. 20, 1886</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ACCOUNTANT & AUDITOR</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>U.S. GOVERNMENT INDUSTRY FT. RILEY, KAN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JACOB GONSER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA BERBAUM</u>	
14. NAME OF HUSBAND OR WIFE <u>GLADYS GONSER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>509-28-9204</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GLADYS GONSER</u> ADDRESS <u>3438 E. 62ND STR., 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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 y. 11 s.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		<u>10 y 11 s.</u>	
DUE TO (c) <u>Nephrosclerosis</u>		<u>4 20 d</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>10 y 11 s.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Dec.</u> , 19 <u>53</u> , to <u>Apr. 12, 1955</u> , that I last saw the deceased alive on <u>Apr. 11, 1955</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>E. L. Slentz</u> (Degree or title)		23b. ADDRESS <u>315 Nichols Blvd, K.C. Mo.</u>	
23c. DATE SIGNED <u>4/2/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>APRIL 4 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PACKARD CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CAMERON MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcome's Sons</u> ADDRESS <u>1351 BRUSH CREEK</u>	
DATE REC'D BY LOCAL REG. <u>4-4-55</u> REGISTRAR'S SIGNATURE <u>Deva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcome's Sons</u> ADDRESS <u>1351 BRUSH CREEK</u>	

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 *Albert L. Savage*
Licensed Embalmer No. *481*

P. O. Address *Kansas City*

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.