

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18681**
2425

FILED JUN 22 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2425</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			c. LENGTH OF STAY (In this place) 32yrs.	c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.				STREET ADDRESS (If rural, give location) 412 1327 Lake St.				3428	
3. NAME OF DECEASED (Type or Print) JOAN			a. (First)	b. (Middle)	c. (Last) GULICK	4. DATE OF DEATH (Month) (Day) (Year) June 4, 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 1, 1884		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Marysville, Kansas			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lucian Parmeter			13b. MOTHER'S MAIDEN NAME Mary E. White			14. NAME OF HUSBAND OR WIFE Jesse Gulick			
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. 492-18-5997		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard W. Gulick 3034 Park K.C., Mo.					
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>Acute Suppurative Cholangitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
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.				595	
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) m.		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>5/29</u> , 19 <u>55</u> , to <u>6/4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/4</u> , 19 <u>55</u> , and that death occurred at <u>1:10 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Lyman W. Fald</u> (Degree or title) <u>Lyman W. Fald MD</u>				23b. ADDRESS <u>1103 Grand KCMo</u>			23c. DATE SIGNED <u>6-6-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 6, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>6-6-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Bylar Kansas City, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

M. Lyman W. Lais
Professional Body - V: 3434
or
2700 Tracy - Bu 1348
2-2:30-6

AUG 30 1955

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 *Melvin Bartone*

Licensed Embalmer No. *490*
P. O. Address *KCM*

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.