No. 300
10.48

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

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4795

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 243

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 39 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, 715 West 38th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 715 West 38th Street 348

3. NAME OF DECEASED (Type or Print): a. (First) Marie b. (Middle) H. c. (Last) Gird

4. DATE OF DEATH (Month) 1 (Day) 18 (Year) 56

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH Feb. 13, 1916

9. AGE (In years last birthday) 39 — 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): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Consulting Engineering Co.

11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Glen F. Kidney

13b. MOTHER'S MAIDEN NAME: Ruth Scholl

14. NAME OF HUSBAND OR WIFE: John R. Gird

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

16. SOCIAL SECURITY NO.: 496-03-3750

17. INFORMANT'S SIGNATURE OR NAME: John R. Gird, 715 West 38th Street — ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Adenocarcinoma (Scirrhous) of the breast to — INTERVAL BETWEEN ONSET AND DEATH: 7 Months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Liver & Brain
DUE TO (c) Scirrhous Carcinoma of breast — 3 Years.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Acute gastritis & hemorrhage and anemia. — 2 Weeks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Scirrhous carcinoma of breast - Mastectomy. Feb. 1953

20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Jan, 1953, *to* 18 Jan, 1956, *that I last saw the deceased alive on* 17 Jan., 1956, *and that death occurred at* 7:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE Philip G. Kaul (Degree or title) MD — Philip G. Kaul

23b. ADDRESS: 411 Nichols Road.

23c. DATE SIGNED: 18 Jan. 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-20-56

24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cemetery

24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 1-19-56

REGISTRAR'S SIGNATURE: Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Mellody-McGilley-Eylar, 1800 E. Linwood

(Licensed Embalmer's Statement on Reverse Side)

OK

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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