

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **912**

FILED MAR 27 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **912**

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) OR TOWN Kans. City	c. LENGTH OF STAY (in this place) 35 years	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 HOSPITAL OR INSTITUTION Wheatley Hospital		e. STREET ADDRESS (If rural, give location) 1321 Euclid	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) N. c. (Last) Gill	4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1956
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1895	9. AGE (In years last birthday) 60 yrs.	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Milton Newmans Delecton.	11. BIRTHPLACE (City and State or Foreign Country) Wheatley, Missouri, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James N. Gill	13b. MOTHER'S MAIDEN NAME Nettie Melton	14. NAME OF HUSBAND OR WIFE Katherine Gill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WWI	16. SOCIAL SECURITY NO. 486-07-3736	17. INFORMANT'S SIGNATURE OR NAME Katherine Gill	ADDRESS 1321 Euclid
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive-type Nephritis DUE TO (c) Auricular Fibrillation		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		590*	

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)
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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?
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22. I hereby certify that I attended the deceased from Feb. 14, 1956, to Feb. 24, 1956, that I last saw the deceased alive on Feb. 24, 1956, and that death occurred at 7P m., from the causes and on the date stated above.

23a. SIGNATURE P.C. Turner (Printer or title)	23b. ADDRESS 1433 E. 19th	23c. DATE SIGNED 2-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/2/56	24c. NAME OF CEMETERY OR CREMATORY Lincoln	24d. LOCATION (City, town, or county) (State) Kans. City, Missouri
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DATE REC'D BY LOCAL REG. 3-1-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE William [unclear] ADDRESS 18th & Benton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Nov 1 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 *Bruce L. Watkins*

Licensed Embalmer No. *451*

P. O. Address *18th & B...*

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.