

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41475

FILED DEC 21 1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5229

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 808 Prospect		Length of stay in lbs 48 years	d. STREET ADDRESS 808 Prospect		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NETTIE Middle GAYER Last GAYER			4. DATE OF DEATH Month Dec. Day 2 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 19, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 7 Days 15 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self-employed	11. BIRTHPLACE (City and state or country) Wakarusa, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Carroll			14. MOTHER'S MAIDEN NAME Caroline Link		
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. None	17. INFORMANT 3406th E. 59th. St. Mrs. Callie Rush Kansas City, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Dilatation c. Aystole					INTERVAL BETWEEN ONSET AND DEATH 10-15 Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Congestive Heart Failure					2 years
DUE TO (c) Old Rheumatic Heart					40 years
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from June 20, 1954 to December 2, 1956 and last saw her/him alive on Nov. 1, 1956 . Death occurred at 1:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) William D. Hand, Jr.			22b. ADDRESS RD. 605 Woodland		22c. DATE SIGNED 12/3/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 4, 1956	23c. NAME OF CEMETERY OR CREMATORY Shawnee Cemetery		23d. LOCATION (City, town, or county) (State) Wakarusa Kansas	
24. FUNERAL DIRECTOR Geo. C. Carson Independence, Mo.			25. DATE RECD. BY LOCAL REG. 12-3-56	26. REGISTRAR'S SIGNATURE neva minshall	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
William D. Hand, Jr.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by C. Ray Lunderbach....., Student Embalmer No. 5
working under my personal supervision..

Student C. Ray Lunderbach
Signature of Student Embalmer

Signed Harold E. Woodruff

Licensed Embalmer No. 4

P. O. Address Lundy

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