Health, Welfare Public Service

300 1-56

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24984

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5569 Registrar's No. 287

1. PLACE OF DEATH
a. COUNTY JACKSON (Brooking)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY 33 MO. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4801 NORTHERN Length of stay in 1b 1½ YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY 33 7 Inside Limits Yes X No ☐
d. STREET ADDRESS 4801 NORTHERN (If outside, give location) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First George Middle W Last Gwinner

4. DATE OF DEATH Month JULY Day 8 Year 1957

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH AUG. 2, 1868

9. AGE (In years last birthday) 88 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) FARMER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (City and state or country) MACON COUNTY MO.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Gwinner

14. MOTHER'S MAIDEN NAME UNKNOWN

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

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Mrs. Helen Smith Address 4801 NORTHEN K.C. 33

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Leukemia 4201

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1956, to July 8, 1957 and last saw her/him alive on July 8, 12:00 Death occurred at 7:40 P.M. m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) Millard B. Gaming LCO

22b. ADDRESS 4233 Blue Ridge Blvd

22c. DATE SIGNED 7/9/57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE July 9, 1957

23c. NAME OF CEMETERY OR CREMATORY MACON

23d. LOCATION (City, town, or county) (State) MACON MO.

24. FUNERAL DIRECTOR Geo. C. Carson ADDRESS INDEPENDENCE MO.

25. DATE RECD. BY LOCAL REG. 7-9-57

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed.

JUL 1 7 1957

Home 71 3-2396

Office 71 3-2517

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 ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Harold E. Noodr

Licensed Embalmer No. 4

P. O. Address Indep

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.