

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018181

STATE FILE NUMBER

2676

FILED JUN 11 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>LEAVENWORTH</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>LEAVENWORTH</b> \$150 <sup>00</sup>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN HOSP</b>		Length of stay in lb <b>1 WK.</b>	d. STREET ADDRESS (If outside, give location) <b>1128 OLIVE ST.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>B.</b> Last <b>GAIL</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>25</b> Year <b>1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9/14/1898</b>		9. AGE (In years last birthday) <b>59</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MAIL CARRIER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>POSTAL DEPT.</b>		11. BIRTHPLACE (City and state or country) <b>LEAVENWORTH, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>CHARLES J. GAIL</b>		13b. MOTHER'S MAIDEN NAME <b>MELINDA C. BADER</b>		14. NAME OF HUSBAND OR WIFE <b>FRANCES "THIEL" GAIL</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <b>YES W.W. #1</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT Address <b>CHAS. M. GAIL (son) LEAVENWORTH, KANSAS</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>glioblastoma, occipital lobe of brain</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____				<b>1930</b>	
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 checked="" type="checkbox"/> NO <input 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. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <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 <b>5-8-58</b> to <b>5-25-58</b> and last saw <sup>her</sup> <sub>him</sub> <b>live on</b> <b>5-25-58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John W. Cashman M.D.</b> (Degree or title)			22b. ADDRESS <b>R. I. Mo</b>		22c. DATE SIGNED <b>5/25/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>5/25/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. CALVARY CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>LEAVENWORTH, KANSAS</b>
24. FUNERAL DIRECTOR ADDRESS <b>SUMPTER FUNERAL CHAPEL, LEAVENWORTH, KS</b>		25. DATE RECD. BY LOCAL REG. <b>5-27-58</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>		

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
John W. Cashman M.D.

29

70

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 *Richard W. Sumpter*

Licensed Embalmer No. 3862

P. O. Address LEAVENWORTH, KANS

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.