

FILED JUL 30 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025493

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3456

300  
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>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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>St. Joseph's Hosp.</b>		Length of stay in lb <b>31 Yrs.</b>	
d. STREET ADDRESS <b>2719 E. 59th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>PATRICIA V. GERHART</b>			4. DATE OF DEATH Month Day Year <b>July 13 1958</b>
5. SEX <b>Female</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>Feb. 19, 1927</b>
9. AGE (In years, last birthday) <b>31</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Louis Bliss, Jr.</b>	
13b. MOTHER'S MAIDEN NAME <b>Rose Reske</b>		14. NAME OF HUSBAND OR WIFE <b>Michael J. Gerhart Jr.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-26-1643</b>	
17. INFORMANT <b>Michael J. Gerhart Jr.,</b>		Address <b>2719 E. 59th</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) <u><i>Pertussis</i></u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u><i>Ulcerative colitis</i></u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH  <b>5722</b>
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 Month, Day, Year <b>11:00 p.m. July 13-58</b>	
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.) <b>Home</b>	
20f. CITY, TOWN, OR LOCATION <b>Jackson</b>		COUNTY <b>Jackson</b>	
20g. STATE <b>Missouri</b>		21. I attended the deceased from <b>July 28-58</b> to <b>July 13-58</b> and last saw her alive on <b>July 13-58</b> Death occurred at <b>11:00 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Vincent T. Williams m.d.</i> (Degree or title)		22b. ADDRESS <b>836 Argyle Bldg</b>	
22c. DATE SIGNED <b>July 14-58</b>		22d. CITY, TOWN, OR COUNTY (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-16-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b>		ADDRESS <b>Woodland-Linwood</b>	
25. DATE RECD. BY LOCAL REG. <b>7-15-58</b>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

MEDICAL CERTIFICATION

Vincent T. Williams

All diseases in Part I must be causally related. Do not use city streets, neighborhoods, etc. as symptoms when so related.

SEP 16 1958

J. V. T. Walker  
a. J. J. J. J.  
No. 2-9581

12:30 PM -

OCT 10 1958



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 *E. L. Gibson* .....

Licensed Embalmer No. *437* .....

P. O. Address *Exeter, N.H.* .....

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.