

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021370

FILED JUL 8 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3003

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH HOSP.		Length of stay in 1b 10 YRS.	d. STREET ADDRESS (If outside, give location) 5050 OAK
3. NAME OF DECEASED (Type or print) First Middle Last FERN G. GILBERT			4. DATE OF DEATH Month Day Year JUNE 19, 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH APRIL 18, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pbx. oper. PHILLIPS HOTEL		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 57 8 3 1 year 8 months 3 days
11. BIRTHPLACE (City and state or country) CAMERON, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. S. WILKINS		13b. MOTHER'S MAIDEN NAME JENNIE RANDOLPH	14. NAME OF HUSBAND OR WIFE UNKNOWN
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. 499 20 791	17. INFORMANT Address MRS. HAZEL PAYTON 5050 OAK ST.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>M. heart stenosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Massive thrombosis of Atrium</i> DUE TO (c) <i>Coronary Arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH 410X
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>6-7-59</i> to <i>6-19-59</i> and last saw her alive on <i>6-19-59</i> Death occurred at <i>6-19-59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jack B. Brans</i> (Degree or title)		22b. ADDRESS <i>751 E 63</i>	22c. DATE SIGNED <i>6-19-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6 21 59	23c. NAME OF CEMETERY OR CREMATORY GRACELAND CEM	23d. LOCATION (City, town, or county) (State) CAMERON, MO.
24. FUNERAL DIRECTOR <i>W. W. Newberry's Son</i> ADDRESS <i>N.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-20-59</i>	26. REGISTRAR'S SIGNATURE <i>neva munsell</i>

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.
Jack B. Brans

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 *Chester K. Brown*

Licensed Embalmer No. *4921*

P. O. Address *5 E 140*

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.