

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025085

FILED JUL 17 1959

STATE FILE NUMBER 8256

300
1-57

M. D. Abraham Gelpert
All diseases in Part I must be causally related.
MEDICAL CERTIFICATION
Abraham Gelpert
M. D.

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 Kansas City TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hospital		d. STREET ADDRESS (If outside, give location) 1211 Michigan	
3. NAME OF DECEASED (Type or print) First Elnor Middle dp. 10 yrs Last Douglas		4. DATE OF DEATH Month 6 Day 30 Year 59	
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH II/3/07
9a. AGE (In years as of birthday) 42		9b. FUNDER 1 YEAR Months 4 Days 30	9c. IF UNDER 24 HRS Hours 30 Min. 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Gregg Co Tex.
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Floyd Fortson	
13b. MOTHER'S MAIDEN NAME Nello Thompson		14. NAME OF HUSBAND OR WIFE William Douglas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 450-32-5796	17. INFORMANT Address Dallas Tex Della Miller 4830 Beulah Dallas
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardio Vascular Disease			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia			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. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 6-25-59 to 6-30-59 and last seen her alive on 6-30-59 Death occurred at 6:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Abraham Gelpert (Degree or title)		22b. ADDRESS General Hospital 2400 Cherry	22c. DATE SIGNED 7-1-59
23a. BURIAL CREMATION, (Type)	23b. DATE 7-3-59	23c. NAME OF CEMETERY OR CREMATORY Kilgore	23d. LOCATION (City, town, or county) (State) Kilgore Tex
24. FUNERAL DIRECTOR Manlove-Williams ADDRESS 1729 Lydia		25. DATE RECD. BY LOCAL REG. 7-3-59	26. REGISTRAR'S SIGNATURE neva marshall

695. 8 8 700

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 ... *Walter E. Collins*

Licensed Embalmer No. *4682*

P. O. Address *A. C.*

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.