

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-025130**

**EILED VS JUL 27 1959**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3414 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JAC KSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS City</u>		c. CITY OR TOWN <u>KANSAS City</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Luth. Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>3943 E. 68th Ter.</u>	

3. NAME OF DECEASED (Type or print) First <u>HERRICK</u> Middle <u>LEROY</u> Last <u>GABY</u>			4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1959</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 22, 1891</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARDENTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and state or country) <u>Logansport, Indiana</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William M. Gaby</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Benjamin</u>	14. NAME OF HUSBAND OR WIFE <u>Maud E. Gaby</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>499-14-2294</u>	17. INFORMANT <u>Mrs. Maud E. Gaby</u> Address <u>3943 E. 68th Ter. Denver</u>
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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>Myocardial Infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>  </u> DUE TO (c) <u>  </u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u>  </u> Month, Day, Year <u>  </u>	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <u>July, 1958</u> to <u>7-10-59</u> and last saw <u>him</u> alive on <u>7-10-59</u>	
Death occurred at <u>1:30 P_m</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (In blue or black ink) <u>William R. Rokeby MD</u>	22b. ADDRESS <u>8108 W. 75th St. KCN, Mo</u>	22c. DATE SIGNED <u>13 July '59</u>
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23. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>July 13, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN</u>	23d. LOCATION (City, town, or county) <u>KANSAS City</u>	(State) <u>Mo.</u>
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24. FUNERAL DIRECTOR <u>Kepley-Hinton</u>	ADDRESS <u>Raytown, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-13-59</u>	26. REGISTRAR'S SIGNATURE <u>neva-minshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

William R. Rokeby MD

JUL 27 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John R. De...*  
\_\_\_\_\_  
Licensed Embalmer No. 45  
P. O. Address Kansas

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.