

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 0 1959

59-036466

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5177 STATE FILE NUMBER

23a anatomical
23b 10-30-59
23c & d K. C. University, K. C. Mo. Anatomical Society DOCUMENT
BY AFFIDAVIT OF funeral director
Mortem Gelpner M.D. MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b 57 years	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 1215 E 13th	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Robert Middle Last Verse	4. DATE OF DEATH Month 10- Day 19 Year 59
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5. SEX male	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 2/22/1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Laborer	10b. KIND OF BUSINESS OR INDUSTRY Local 264	11. BIRTHPLACE (City and state or country) Schulenburg, Texas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Dock Verse	13b. MOTHER'S MAIDEN NAME Fannie	14. NAME OF HUSBAND OR WIFE Nellie Verse
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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) No	16. SOCIAL SECURITY NO. 495-24-4498	17. INFORMANT Address Miss Gwendolyn Harris- Jackson Co. Welfare
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral hemorrhage		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension	
	DUE TO (c)	
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

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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 10-19-59 to 10-19-59 and last saw him alive on 10-19-59
Death occurred at 4:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. D.	22b. ADDRESS 2400 Cherry K.C. Mo.	22c. DATE SIGNED 10-20-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) anatomical	23b. DATE 10-30-59	23c. NAME OF CEMETERY OR CREMATORY Anatomical Society	23d. LOCATION (City, town, or county) (State) 5100 Rockhill Rd. Kansas City, Mo.
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24. FUNERAL DIRECTOR ADDRESS E. Sterling Bills	25. DATE RECD. BY LOCAL REG. 10-27-59	26. REGISTRAR'S SIGNATURE Miss Minshall
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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. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212 Vine

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.