URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-040057
STATE FILE NUMBER

FILED VS NOV 23 1959 149 Registration District No. 10 01 Registrar's No. 5328

IENDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 12 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8701 RainBow Lane — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jac kson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 8701 Rain Bow Lane — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Laura Middle: Elizabeth Last: Gearey
4. DATE OF DEATH: Month November Day 4 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1.20/1872
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Red Key Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Snowberger
13b. MOTHER'S MAIDEN NAME: Harriet Holtchuel
14. NAME OF HUSBAND OR WIFE: Arthur B. Gearey

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.: None
17. INFORMANT: Kansas City Missouri Address: Mrs. Harriet Doyle 8701 RainBow Lane

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Disease — years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov 4, 1959 to Nov 4, 1959 and last saw her alive on Nov 4, 1959
Death occurred at 8701 Rainbow P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Omal T. Needels MD
22b. ADDRESS: 7400 Wornall KC Mo
22c. DATE SIGNED: Nov 5-59

BY AFFIDAVIT OF Orval T. Needels

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 11/6/1959
23c. NAME OF CEMETERY OR CREMATORY: D.W. Newcomers Sons
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: D.W. Newcomers Sons ADDRESS: 1331 Brush Creek Blvd. Kansas City Missouri
25. DATE RECD. BY LOCAL REG.: 11-5-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.