

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010947

FILED VS APR 11 1960

149

Primary Registration District No. 1002

Registrar's No. 1787

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS City</b>		Length of stay in 1b <b>8 hrs</b>		c. CITY OR TOWN <b>Mission Hills</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6701 Tomahawk Rd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>L.</b> Last <b>Gates</b>				4. DATE OF DEATH Month <b>March</b> Day <b>24</b> Year <b>1960</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct 24, 1861</b>			
9. AGE (last birthday) <b>98</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Funeral Director &amp; Embalmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Gates Funeral Home</b>		11. BIRTHPLACE (City and state or country) <b>SPARTA Illinois</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>JAMES LOUTHER</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>Horatio Walker Gates</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>John S. Gates</b>			Address <b>6701 Tomahawk Rd. Mission Hills, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock &amp; Circulatory Collapse.</b>							INTERVAL BETWEEN ONSET AND DEATH <b>5 Hours.</b>		
DUE TO (b) <b>Fracture, rt. intertrochanteric of Hip.</b>							10 Hours.		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <b>1) General Arteriosclerosis</b> <b>2) Arteriosclerotic Heart Disease</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year		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	
21. I attended the deceased from <b>1955</b> to <b>24 March 60</b> and last saw her alive on <b>23 March 60</b> Death occurred at <b>2:30</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Philip G. Kaul MD.</b>				22b. ADDRESS <b>411 Nichols Road</b>				22c. DATE SIGNED <b>3-28-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		23b. DATE <b>Mar-28-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Abbey</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>			
24. FUNERAL DIRECTOR <b>Gates Funeral Home</b>				ADDRESS <b>KANSAS City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-28-60</b>		26. REGISTRAR'S SIGNATURE <b>Gene Marshall</b>	

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION Philip G. Kaul

1901 Olathe Bldg.

(Licensed Embalmer's Statement on Reverse Side)

**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 Murray Wilson

Licensed Embalmer No. 4989

P. O. Address Parkville

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