

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 24 1960

-60-019406

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2529 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</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>	Length of stay in 1b <u>50 yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp.</u>		d. STREET ADDRESS (If outside give location) <u>1900 Linwood</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Edwice</u> Middle <u>Gillespie</u> Last <u>Gillespie</u>	4. DATE OF DEATH Month <u>5</u> Day <u>4</u> Year <u>60</u>
---	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-3-80</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
----------------------	-------------------------------	--	--------------------------------	----------------------------------	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>Swan Creek, Nebr.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
--	---	---	---

13a. FATHER'S NAME <u>George Greene</u>	13b. MOTHER'S MAIDEN NAME <u>Martha</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Gillespie</u>
---	---	---

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>NONE</u>	17. INFORMANT <u>Mrs. Edna Buckley - 6.A. California -</u>
--	-------------------------------------	--

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>LymphosARCOMA</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

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.)
--	---	--

20c. TIME OF INJURY Hour _____ 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 <u>5-2-1960</u> to <u>5-4-60</u> and last saw her alive on <u>5-4-1960</u> Death occurred at <u>12:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H.L. Dwyer</u> (Degree or title)	22b. ADDRESS <u>2400 Sherry - K.C. Mo</u>	22c. DATE SIGNED <u>5/5/60</u>
--	---	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-7-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. Washington Cem.</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>
---	-------------------------	---	--

24. FUNERAL DIRECTOR <u>Melody - M^{rs} Gilley - Eylar Funeral Home</u>	ADDRESS <u>1800 E. Linwood</u>	25. DATE RECD. BY LOCAL REG. <u>5-7-60</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>
---	--------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF H.L. Dwyer

Have

Dr. Dwyer
at City Hall

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 Deane L. Warts, Student Embalmer No. 582
working under my personal supervision.

Student Deane L. Warts
Signature of Student Embalmer

Signed Arthur Eugene Hook

Licensed Embalmer No. 4912

P. O. Address K.G. Mo.

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.