

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029279

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3756

FILED AUG 16 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institutional: 'Residence before admission')			
a. COUNTY JACKSON				a. STATE MISSOURI COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 76 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 1339 EAST 79 TH STREET			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1339 EAST 79TH ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First ANNA		Middle		Last GILLESPIE		Month JULY Day 26 Year 1961	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/27/84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY ----		9. AGE (last birthday) 76		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.	
13a. FATHER'S NAME RICHARD CUMMINS				13b. MOTHER'S MAIDEN NAME ANNA WILLS		12. CITIZEN OF WHAT COUNTRY U. S. A.	
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 MRS. FLOYD TURK	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				14. NAME OF HUSBAND OR WIFE EDWARD GILLESPIE			
IMMEDIATE CAUSE (a)		Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks			
DUE TO (b)		Generalized arteriosclerosis		3 yrs			
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized osteoporosis				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 type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SLIP <input type="checkbox"/> FALL <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 Jan 8 '58 to July 26, '61 and last saw her alive on July 12, '61 Death occurred at 3:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.							
21a. SIGNATURE Clarence C. Parley MD		(Degree or title)		22b. ADDRESS 4526 Paseo.		22c. DATE SIGNED 7/27/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 29, '61		23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 7-28-61		26. REGISTRAR'S SIGNATURE Ruth Long	

DATE AMENDED

INSTEAD OF

SHOULD READ:

DOCUMENT

BY AFFIDAVIT OF CLARENCE C. PARLEY, M.D. MEDICAL CERTIFICATION

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address K. C. 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.