URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

NT OF PUBLIC HEALTH AND WELFARE

62-006505
STATE FILE NUMBER

MENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 783

FILED FEB 28 1962

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: 60 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give street location) 3526 WALNUT STREET HAVEN MANOR NURSING H. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1815 EAST 36TH STREET — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ROBERT Middle F Last GILGES
4. DATE OF DEATH: Month FEBRUARY Day 8 Year 1962
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-15-1877
9. AGE (last birthday): 84
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): RAILWAY MAIL SERVICE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): LEAVENWORTH, KAN.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: James W. GILGES
13b. MOTHER'S MAIDEN NAME: Lenora Rhyne
14. NAME OF HUSBAND OR WIFE: Mayme Gilges
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: J. W. Gilges Address: 9704 High Drive Leawood, Kans.

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 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)
yrs. of chronic alcoholism before than years ago.
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 ☐ — none
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year — none related to his death.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — none
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 4-30-58, to 2-8-62 and last saw ~~her~~ him alive on 2-7-62
Death occurred at 5:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Harvey Jennett, MD (Degree or title)
22b. ADDRESS 1500 Prof. Bldg Kansas City, Mo.
22c. DATE SIGNED 2-9-62

BY AFFIDAVIT OF Harvey Jennett

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: FEB. 10, 1962
23c. NAME OF CEMETERY OR CREMATORY: MT. MUNCIE CEMETERY
23d. LOCATION (City, town, or county) (State): LEAVENWORTH KANSAS
24. FUNERAL DIRECTOR: D.W.NEWCOMER'S SONS ADDRESS: 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 2-10-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | 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 me or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed Vern Lawler
Signature of Student Embalmer

Licensed Embalmer No. 4915

P. O. Address KC, 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.