MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-010972
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1237

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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: 3 wks.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3001 Woodland — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1242 Ann — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Edna — Middle Thomas — Last Gerren
4. DATE OF DEATH: Month Feb. Day 27 Year 1962
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: July ?-1880
9. AGE (last birthday): 81 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Trenton Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Cooper
13b. MOTHER'S MAIDEN NAME: Abbie ?
14. NAME OF HUSBAND OR WIFE: Nicholas Gerren
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Nicholas C. Gerren — Address: 2621 Arbor St. Houston Tex.

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 Embolus — INTERVAL BETWEEN ONSET AND DEATH: 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Brain Syndrome
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 ☐ — neither
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
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.): none
20f. CITY, TOWN, OR LOCATION: K.C. Jackson, COUNTY: Missouri, STATE: 2/27/62

21. I attended the deceased from Feb 4, 62 to Feb 27, 62 and last saw her/him alive on 2/27/62
Death occurred at 1:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John H Wells MD
22b. ADDRESS: 3718 Prospect, KCMO
22c. DATE SIGNED: 1 Mar 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-2-1962
23c. NAME OF CEMETERY OR CREMATORY: Westlawn Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Kansas

24. FUNERAL DIRECTOR: Nathan W. Thatcher — ADDRESS: K.C.K.
25. DATE RECD. BY LOCAL REG.: 3-2-62
26. REGISTRAR'S SIGNATURE: Ruth Long

MEDICAL CERTIFICATION: John H. Wells

(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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clifford L. Woods

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5th

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.