

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015222

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2299 STATE FILE NUMBER

FILED MAY 14 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 60 Years		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity-Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 914 E. 41st Street	
3. NAME OF DECEASED (Type or print) First CHARLES Middle HARRY Last GILLESPIE		4. DATE OF DEATH Month April Day 24 Year 1962	
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/4/86
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COLUMBIAN PRINTING COMPANY		11. BIRTHPLACE (City and state or country) KEITHSBURG, ILLINOIS, U. S. A.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME WILLIAM H. GILLESPIE	
13b. MOTHER'S MAIDEN NAME MARY A. WESTON		14. NAME OF HUSBAND OR WIFE Marie Gillespie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Mrs. Marie Gillespie, Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 96 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Ischemia		72 hrs.	
DUE TO (c) Myocarditis & Hypertrophy		yes	
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 5:20 a.m. A. Month, Day, Year JAN 1958		20f. CITY, TOWN, OR LOCATION KANSAS CITY COUNTY MISSOURI STATE MISSOURI	
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.)	
21. I attended the deceased from JAN 1958 to APR 24-62 and last saw him alive on 4-23-62 Death occurred at 5:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Earl H. Knox (Degree or title)	
22b. ADDRESS 1520 Rialto Bldg K.C. Mo		22c. DATE SIGNED 4-24-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 26, 1962	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. ADDRESS 1331 Brush Creek Blvd.		25. DATE RECD. BY LOCAL REG. 4-26-62	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Carl P. Knapp
1320 Rialto Bldg
1:00 - 5:00

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 Herold L. Cattermole

Licensed Embalmer No. 3035

P. O. Address Ch. C. Adams

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.