

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027090

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3494

FILED JUL 25 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
M.G. Berry

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Wyandotte</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS City</u> | | Length of stay in lb <u>4 WKS</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>St. Luke's Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>4146 Cambridge</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Louis Robert Gates</u> | | | 4. DATE OF DEATH Month Day Year <u>July 1 1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Nov 4-1886</u> |
| 9. AGE (last birthday) <u>75</u> | | 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) <u>LAWYER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>LAW</u> | 11. BIRTHPLACE (City and state or country) <u>KANSAS City Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u> | | | |
| 13a. FATHER'S NAME <u>Cecil H. Gates</u> | | 13b. MOTHER'S MAIDEN NAME <u>ANNE JONES</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>MAUD B. Gates</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W W I</u> | | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | |
| 17. INFORMANT <u>MAUD B. Gates, 4146 Cambridge</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the right Lung</u> Interval between ONSET AND DEATH <u>1 mo</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 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 a.m. 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 <u>May 30, 1962</u> to <u>July 62</u> and last saw ^{her} him alive on <u>July 62</u> Death occurred at <u>10:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>M.G. Berry M.D.</u> | | 22b. ADDRESS <u>315 Nichols Rd. Kansas City, Mo</u> | 22c. DATE SIGNED <u>2 July 62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u> | | 23b. DATE <u>July 5, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Abbey</u> |
| 23d. LOCATION (City, town, or county) <u>Kansas City, Mo</u> | | 23e. DATE RECD. BY LOCAL REG. <u>7-3-62</u> | |
| 24. FUNERAL DIRECTOR <u>Gates, 1901 Olatho Blvd, Kansas City, Kan</u> | | 26. REGISTRAR'S SIGNATURE <u>Ruth Young</u> | |

USE BLACK INK OR TYPEWRITER RIBBON

L. P. Engel Plummer Bldg
No. 1-3150 - PARSONS

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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park, Ks

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.