

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027094

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3510

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED JUL 25 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in lb <u>12 yrs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>805 Penn</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) <u>805 Penn</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First <u>Ralph</u> Middle <u>Gilbert</u> Last <u>Gilbert</u>	
4. DATE OF DEATH	
Month <u>July</u> Day <u>4</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/21/1889</u>
9. AGE (last birthday) <u>73 yrs.</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car inspector</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Terminal Railroad</u>
11. BIRTHPLACE (City and state or country) <u>Fairview, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Gilbert</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Anderson</u>
14. NAME OF HUSBAND OR WIFE <u>widowed of Atha Gilbert</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>	
17. INFORMANT <u>John W. Gilbert</u> Address <u>317 No. 13th Sabetha, Kansas</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>	
DUE TO (b) <u>Arteriosclerotic heart disease</u>	
DUE TO (c) <u>(Generalized arteriosclerosis)</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary fibrosis, emphysema, bronchial asthma</u>	
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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u>	
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>January 62</u> to <u>July 62</u> and last saw him alive on <u>2 July 62</u>	
Death occurred at <u>about 2 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Stanley H. Goldman MD</u>	
22b. ADDRESS <u>751 E 63 - Kansas City Mo</u>	
22c. DATE SIGNED <u>7/4/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
23b. DATE <u>7/5/1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Morrill Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Morrill, Kansas</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Blackman Funeral Home K.C., Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>7-5-62</u>	
26. REGISTRAR'S SIGNATURE <u>Ruth A. Long</u>	

**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 Ralph Fulton

Licensed Embalmer No. 3035

P. O. Address KPK

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.