MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-027095
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3692

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 3678 2
3
4 1
5 2
6
7 0
8 2
9 4201
10
11
12 86-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED JUL 30 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 Ib 10 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Westport Nursing Home
Inside Limits Yes XX 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 XX No ☐
d. STREET ADDRESS (If outside, give location) 3940 McGee Street
Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First MATILDA Middle H. Last GILLHAM

4. DATE OF DEATH Month July Day 13, Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH 9-20-1886
9. AGE (last birthday) 75
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) At home
10b. KIND OF BUSINESS OR INDUSTRY - - -
11. BIRTHPLACE (City and state or country) Huntsville, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Kebaugh
13b. MOTHER'S MAIDEN NAME Ida N. Holiday
14. NAME OF HUSBAND OR WIFE James L. Gillham

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.
17. INFORMANT Maynard Suchart, Address 125 Cambridge Rd Westfield, New Jersey.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH ?
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. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 4/16/62, to 7/13/62 and last saw her alive on 7/13/62
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.W. Young (Degree or title) M.D.
22b. ADDRESS 1401 S. W. Blvd. K.C. Mo.
22c. DATE SIGNED 7/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 16, 1962
23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Freeman Mortuary, ADDRESS Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 7-15-62
26. REGISTRAR'S SIGNATURE Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. J.W. Young
1401 Southwest Blvd.
JO. 2-0450

1:30 P.M. Sat.

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 Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K.C., 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.