

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031113
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4446

FILED SEP 14 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 lb OR TOWN **1 year**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DEAD ON ARRIVAL ST. LUKE'S HSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** COUNTY **JACKSON**
c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **4305 LINWOOD BLVD.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **GORDON GRIFFISS KIMBALL** 4. DATE OF DEATH Month Day Year **AUGUST 27 1962**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1/6/1914** 9. AGE (last birthday) **47 48** 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) **Artist** 10b. KIND OF BUSINESS OR INDUSTRY **Rigby Printing Co.** 11. BIRTHPLACE (City and state or country) **Leavenworth, Kansas** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Gordon N. KIMBALL** 13b. MOTHER'S MAIDEN NAME **Edith G.** 14. NAME OF HUSBAND OR WIFE **MRS. KAREN KIMBALL**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War II** 17. INFORMANT **MRS. KAREN KIMBALL** Address **4305 LINWOOD KANSAS CITY, MO**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **1 day**
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. 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 **Aug. 27, 1962** to **Aug. 27, 1962** and last saw him alive on **Aug. 27, 1962**. Death occurred at **9:40 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Kenneth A. Davis, M.D.** ADDRESS **201 Plaza Theater Bldg. Kansas City, Mo** 22c. DATE SIGNED **8-27-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Aug. 29, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Cemetery Arlington National** 23d. LOCATION (City, town, or county) (State) **Arlington Virginia**

24. FUNERAL DIRECTOR ADDRESS **D.W. NEWCOMER'S SONS 1331 BRUSH CR. KANSAS CITY, MO.** 25. DATE RECD. BY LOCAL REG. **8-28-62** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

KENNETH A. DAVIS

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1
2 3588
3
4 0
5 1
6
7 .1
8 2
9 420.1
10
11
12 .0
13

Mr. Ernest Albert Gamm
201 Days Machine Dept - 209 West 47th Street
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 Dean W. Huff

Licensed Embalmer No. 4914
P. O. Address Indy, 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.