

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005568

STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 979

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Marceline | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital | | d. STREET ADDRESS 516 W. Walker | |
| Length of stay in lb 7 wks. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|--|--|--|---------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | |
| First Middle Last Nancy Lee Gish | | | Month Day Year Feb. 21, 1959 | | |

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| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 10-31-58 | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Marceline, Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Lawrence Gish | 13b. MOTHER'S MAIDEN NAME Barbara Blair | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Mr. Lawrence Gish | Address Marceline, Mo. |
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| 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>intestinal obstruction</u> | | INTERVAL BETWEEN ONSET AND DEATH 8 wks. |
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| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) <u>unknown</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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.) |
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|---|---|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <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 |
|---|---|--|------------------------------|--------|-------|

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| 21. I attended the deceased from <u>1-4-59</u> to <u>2-21-59</u> and last saw her alive on <u>2-21-59</u> Death occurred at <u>2:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>Richard A. Jurgan M.D.</u> | (Degree or title) | 22b. ADDRESS 4635 Wyandotte, K. C. Mo. | 22c. DATE SIGNED 2-21-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 2-22-59 | 23c. NAME OF CEMETERY OR CREMATORY -- | 23d. LOCATION (City, town, or country) Sterling, Kansas | (State) |
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| 24. FUNERAL DIRECTOR D. W. Newcomer's Sons | ADDRESS 1331 Brush Creek | 25. DATE RECD. BY LOCAL REG. 2-21-59 | 26. REGISTRAR'S SIGNATURE <u>neva minshall</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

G. K. Kennard

All diseases in Part I must be causally related.

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 Vern Lawler

Licensed Embalmer No. 4915
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.