

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37422**  
**4600**

|   |  |   |  |  |  |   |   |
|---|--|---|--|--|--|---|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 1</u>   |  | c. LENGTH OF STAY (in this place) <u>39 YEARS</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 29 3 55</u>                                    |  |   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>  |  |   |  | d. STREET ADDRESS (If rural, give location) <u>1443 JEFFERSON STREET</u>   |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Mrs Gladys</u> b. (Middle) <u>L. W.</u> c. (Last) <u>MOCK</u>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-26-1949</u> |  |  |   |   |
| 5. SEX <u>FEMALE</u>  |  | 6. COLOR OR RACE <u>WHITE</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  |  | 8. DATE OF BIRTH <u>AUG-4-1906</u>  |   |
| 9. AGE (in years last birthday) <u>43 YRS.</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELEVATOR OPERATOR</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>JENKINS MUSIC COMPANY</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>BUFFALO IOWA</u>             |   |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>   |  | 13a. FATHER'S NAME <u>JOSEPH WAGNER</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>GENEVIEVE STEARNS</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>FRANK L. MOCK</u>                          |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>494-14-4608</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK L. MOCK 1443 JEFFERSON STREET KANSAS CITY MO</u>  |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous chest &amp; abd</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma Rt Breast</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Breast 170x</u>   |  |  |  |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR  |  |   |   |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.    |  |   |  |  |  |   |   |
| 23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title)   |  |   |  | 23b. ADDRESS <u>St Josephs Hospital</u>  |  | 23c. DATE SIGNED <u>26 Oct 49</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   |  | 24b. DATE <u>OCT-28-1949</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |   |
| DATE REC'D BY LOCAL REG. <u>10-28-49</u>  |  | REGISTRAR'S SIGNATURE <u>Shiraldine Holmes</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u>  |  | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>                          |   |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed

*Doyle L. Daniel*

Licensed Embalmer No. 4707

P. O. Address SCMD

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 this body is not embalmed, fact should be so stated above.