

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12572

State File No.

FILED MAY 14 1951

1724

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lees Summit Mo 0481</u>		d. STREET ADDRESS (If rural, give location) <u>317 So Market</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hosp</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Carnie</u> c. (Last) <u>Gash</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5/29/1902</u>	
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wholesale Grocer</u>		11. BIRTHPLACE (State or foreign country) <u>Syracuse Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Order Filler</u>		13a. FATHER'S NAME <u>J. Gash</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Myers</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-03-3747</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert E. Gash</u> ADDRESS <u>Indep. Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Myocarditis</u> DUE TO (c) <u>Chronic Glomerular Nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>59 1/2</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, Mo., from the causes and on the date stated above.			
23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title) _____		23b. ADDRESS <u>St Josephs Hosp</u>		23c. DATE SIGNED <u>18 Apr 51</u>			
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>4/20/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Lees Summit Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-10-51</u>		REGISTRAR'S SIGNATURE <u>Sheradine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Langford</u> ADDRESS <u>Lees Summit 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W. Langford

Signed.....
Student Embalmer

Licensed Embalmer No.....

3833

P..O. Address.....

Lee's Summit

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.