

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23038

State File No. \_\_\_\_\_  
2970

FILED AUG 11 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> <b>37.58</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wheatley Provident</b>		d. STREET ADDRESS (If rural, give location) <b>1532 1/2 Euclid</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Erma</b> b. (Middle) <b>Gaynelle</b> c. (Last) <b>Giles</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 9, 1951</b>
5. SEX <b>Female</b> <b>3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b> <b>0</b>	8. DATE OF BIRTH <b>June 20, 1933</b>
9. AGE (In years last birthday) <b>18</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Schoolgirl</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Giles</b>		13b. MOTHER'S MAIDEN NAME <b>Erma Neeley</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>_____</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Erma Giles</b>	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>appendicitis</b> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>6/29/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Appendectomy and Right Salpingectomy</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>5500</b>	
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) <b>_____</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 <b>6/27</b> , 19 <b>51</b> , to <b>July 9</b> , 19 <b>51</b> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <b>July 8</b> , 19 <b>51</b> , and that death occurred at <b>6:55 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. M. Walden</b> M.D.		23b. ADDRESS <b>1738 Troost Avenue</b>	
23c. DATE SIGNED <b>7/11/51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>7/4/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Seraldine Holmes</b>	
DATE REC'D BY LOCAL REG. <b>7-12-51</b>		ADDRESS <b>1844 Benton</b>	

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 \_\_\_\_\_

*Bruce K. Watkins*

Licensed Embalmer No. 4500

P. O. Address 18<sup>th</sup> & Beaton

**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.