

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **20455**
 Registrar's No. **2585**

FILED JUL 5 1952

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2585	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 1 yr 10 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2712 E 33	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. T.B. Hosp				d. STREET ADDRESS (If rural, give location) 2712 E 33			
3. NAME OF DECEASED (Type or Print) a. (First) Herbert		b. (Middle) Joseph		c. (Last) Gassen		4. DATE OF DEATH (Month) (Day) (Year) 6 8 52	
5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Feb 1 1879	
9. AGE (In years last birthday) 53		# UNDER 1 YEAR Months 9 Days 8		# UNDER 28 HRS. Hours 2 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY Self-employed		11. BIRTHPLACE (State or foreign country) Lexington MO		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Joseph Gassen		13b. MOTHER'S MAIDEN NAME Matilde Gretzmeier		14. NAME OF HUSBAND OR WIFE Catherine			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CATHERINE GASSEN 2712 E 33.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 0024					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		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 3-6 , 19 51 , to 6-8 , 19 52 , that I last saw the deceased alive on 6-8 , 19 52 , and that death occurred at 5 H m. , from the causes and on the date stated above.							
23a. SIGNATURE Edward P. Altomare (Degree or title) M.D.				23b. ADDRESS Kansas City MO		23c. DATE SIGNED 6/8/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/9/52		24c. NAME OF CEMETERY OR CREMATORY Higginsville MO Higginsville MO		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. 6-9-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shiel Funeral Home (S.M.)			

(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.....
Student Embalmer

Signed.....

J. P. Scheil

Licensed Embalmer No. 3625

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