

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25800

State File No. ....

JUL 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7019

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>8150</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wichita</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>3630 Litchfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri-Pacific Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>GARRECE EDWARD</u>		a. (First) <u>GARRECE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>GAITHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 21, 1904</u>	
9. AGE (In years last birthday) <u>47</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car. Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R. Y.</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Kan. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>SAM GAITHER</u>		13b. MOTHER'S MAIDEN NAME <u>VIOLA</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. C. E. GAITHER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. C. E. GAITHER 3630 LITCHFIELD</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>WICHITA, KAN.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10M only</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN TUMOR, MALIG, GLOBULASTOMA</u>		ANTECEDENT CAUSES <u>Merbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) _____	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		_____	

19a. DATE OF OPERATION <u>FEB 14, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Globulostoma 4 found</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ND</u>		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? <u>193X</u>	

22. I hereby certify that I attended the deceased from Feb, 1952, to July 20, 1952, that I last saw the deceased alive on July 19, 1952 and that death occurred at 1:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George E. Haverstick, M.D.</u>		23b. ADDRESS <u>607 N. Grand St. Kansas</u>		23c. DATE SIGNED <u>July 21 52</u>	
24a. RUPIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/1 21/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wichita, Kansas</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Son</u>			

DATE REC'D BY LOCAL REG. <u>JUL 2 1 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Son</u>	
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90 (Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 1953

**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 Melvin H. Kemper

Licensed Embalmer No. 4052

P. O. Address St Louis 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.