S. No. 300
v. 10.48

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28057

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3515

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 52 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3305 Montgall Avenue

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3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): William
c. (Last): Gilges

4. DATE OF DEATH (Month) (Day) (Year): Aug. 4 - 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Sept-8-1870
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED EMPLOYEE
10b. KIND OF BUSINESS OR INDUSTRY: RAILWAY MAIL SERVICE
11. BIRTHPLACE (State or foreign country): FREEMAN, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: [illegible]

13a. FATHER'S NAME: JAMES W. GILGES
13b. MOTHER'S MAIDEN NAME: LENORE RHYNE
14. NAME OF HUSBAND OR WIFE: MRS. EMMA GILGES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. EMMA GILGES — ADDRESS: 3305 MONTGALL AVE KANSAS CITY, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1952, *to* Aug 4, 1952, *that I last saw the deceased alive on* Aug 4, 1952, *and that death occurred at* 8:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Arthur W. Robinson (Degree or title): Arthur W. Robinson MD
23b. ADDRESS: 4635 Wyandotte, Kansas City Mo
23c. DATE SIGNED: Aug 4 '52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG-6-1952
24c. NAME OF CEMETERY OR CREMATORY: MT. MUNCIE CEMETERY
24d. LOCATION (City, town, or county) (State): LEAVENWORTH KANSAS

DATE REC'D BY LOCAL REG.: 8-6-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: 1331 BRUSH CREEK BLVD. Newcomer's Sons Kansas City Mo

(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 Elmer Thomas

Signed.....
Student Embalmer

Licensed Embalmer No. 2649

P. O. Address Kansas City, 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.