

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14568**  
**1857**

FILED APR 25 1953

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>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give townships) OR <u>Town Kansas City</u>		c. LENGTH OF STAY (in this place) <u>68 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Town Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4246 Montgall</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>GERTRUDE</u>		b. (Middle) <u>CARRIE</u>		c. (Last) <u>WARNER</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 10, 1884</u>	
9. AGE (In years last birthday) <u>68</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Secretary of Samuel</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Rev. Samuel Warner</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Holmes</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>486-03-1350</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. S.M. Konizeski 4246 Montgall</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion + Edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Metastatic Carcinoma Lungs</u> DUE TO (c) <u>Carcinoma Colon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 mo</u> <u>2 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153</u>				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 <u>May 10, 1953</u> to <u>3 Apr, 1953</u> , that I last saw the deceased alive on <u>3 April, 1953</u> , and that death occurred at <u>7:40 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. Stewart Gillmor</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>5226 Realt Bldg KCMO</u>		23c. DATE SIGNED <u>4 Apr 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
DATE REC'D BY LOCAL REG <u>4-6-53</u>		REGISTRAR'S SIGNATURE <u>Theraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE</u>		ADDRESS <u>K.C., MO.</u>	

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

Dr. Stewart Hillman  
St. Joseph Hospital  
until noon.  
Leave for sig.

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

*J. P. Walton*

Licensed Embalmer No.

*2744*

P. O. Address

*91 E 1st*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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