S. No. 300
. 10-48

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

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39057
Registrar's No. 5516

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602

1. PLACE OF DEATH
a. COUNTY: Jackson County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Osteopathic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Crawford
c. CITY OR TOWN: Girard
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): RR 2 Box 104 315 8

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Maud
c. (Last): Gerold

4. DATE OF DEATH (Month) (Day) (Year): 11-22 53

5. SEX: Fe
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-6 1880
9. AGE (In years last birthday): 73
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): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Cambridge Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Newton Goble
13b. MOTHER'S MAIDEN NAME: Lucretia Long
14. NAME OF HUSBAND OR WIFE: Herman C. Gerold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Herman C. Gerold
ADDRESS: Girard Kan

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 Failure — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular-Renal Syndrome — 11-9-53
DUE TO (c) arteriosclerosis (marked) — 11-9-53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recto-Sigmoid Resection — 11-9-53

19a. DATE OF OPERATION: 11-9-53
19b. MAJOR FINDINGS OF OPERATION: Large mass - Diverticulitis - Massive adhesions
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* Oct 30, 1953, *to* Nov 22, 1953, *that I last saw the deceased alive on* Nov 22, 1953, *and that death occurred at* 12:21 A m., *from the causes and on the date stated above.*

23a. SIGNATURE James A. Di Renna (Degree or title) DO
23b. ADDRESS: 2603 Independence Ave
23c. DATE SIGNED: 11-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11-22-53
24c. NAME OF CEMETERY OR CREMATORY: Kirkpatrick Fun. Home
24d. LOCATION (City, town, or county) (State): Girard Kansas

DATE REC'D BY LOCAL REG.: 11-22-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: DW Neuromera
ADDRESS: Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Kollie Kessel

Licensed Embalmer No. 4690

P. O. Address K. C. M

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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