

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39059**
Registrar's No. **5293**

FILED NOV 25 1953

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson		a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city of incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs		e. STREET ADDRESS (If rural, give location) 100 East 36 St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home 100 E 36			
3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) Anna		(Month) (Day) (Year) Nov. 6, 1953	
b. (Middle)		c. (Last) Gill	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH May 26, 1886	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Accountant		10b. KIND OF BUSINESS OR INDUSTRY K.C. Power & Light	
11. BIRTHPLACE (City and State or Foreign Country) Bellaire Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Austin Gill		13b. MOTHER'S MAIDEN NAME Melissa Williams	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 486-10-7506		17. INFORMANT'S SIGNATURE OR NAME Mission Kan. Mrs. Willard Higbee ADDRESS 5814 Elmoute Drive	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
		DUE TO (b) Arteriosclerosis	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 1940 , 1940 , to June 6 , 1953 , that I last saw the deceased alive on Nov 4 , 1953 , and that death occurred at 12:10 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE E. W. Slusher (Degree or title) M.D.		23b. ADDRESS 900 Reath Bldg, K.C.Mo.	
23c. DATE SIGNED 11-6-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11-9-1953		24c. NAME OF CEMETERY OR CREMATORY Smith Center Kan.	
24d. LOCATION (City, town, or county) (State) Smith Center Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster ADDRESS Kansas City Mo.	
DATE REC'D BY LOCAL REG. 11-9-53		REGISTRAR'S SIGNATURE Seraldine Smith	

AUG 5 1954

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.....
Signature of Student Embalmer,

Signed *Raymond F. Hoemann*.....
Licensed Embalmer No. 426

P. O. Address *Kansas*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.