

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15886

State File No. 1846

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>30 Yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>3280 Oak Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Hospital</b>		19 <b>3498</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GLADYS</b>		b. (Middle) <b>M.</b>	
c. (Last) <b>GEPFORD</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 24, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 1, 1911</b>
9. AGE (In years last birthday) <b>43</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Modern Handcraft</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Minneapolis, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Francis W. Starkey</b>	
13b. MOTHER'S MAIDEN NAME <b>Linnie Sloan</b>		14. NAME OF HUSBAND OR WIFE <b>Carl A. Gepford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>524-12-3702</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Carl A. Gepford</b>		ADDRESS <b>Kansas City, Mo.</b>	
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) <b>Primary Hepatic Carcinoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchiectasis</b>	
INSET AND DEATH <b>4 + MO</b>		years <b>15 1/2</b>	
19a. DATE OF OPERATION <b>1/23/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Acute intestinal obstruction due to adhesion</b>	
20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<b>53</b>	
22. I hereby certify that I attended the deceased from <b>Dec 23, 1954</b> , to <b>Apr 24, 1954</b> , that I last saw the deceased alive on <b>Apr 23, 1954</b> , and that death occurred at <b>8:00 Am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm. H. Godson Jr. MD</b> (Degree or title)		23b. ADDRESS <b>750 Park Dr Kansas City 6, Mo</b>	
23c. DATE SIGNED <b>4/24/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-27-54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-24-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary</b>		ADDRESS <b>Kansas City, Mo.</b>	

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Walter H. Erwin*

Licensed Embalmer No. *435*

P. O. Address *Kansas C*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.