

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8220**  
**1335**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> |  | b. COUNTY<br><b>Jackson</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b> |  | c. LENGTH OF STAY (in this place)<br><b>60 yrs.</b>   |  | c. CITY OR TOWN<br><b>Kansas City</b>                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1520 East 37th Street</b>                    |  |   |  | STREET ADDRESS (If rural, give location)<br><b>1520 East 37th Street</b> |  |

|   |  |                                  |             |  |  |  |  |  |  |   |  |
|---|--|----------------------------------|-------------|--|--|--|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Angelo</b>   |  |                                  | b. (Middle) |  |  | c. (Last) <b>GIRARD</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>March 22, 1955</b> |   |  |
| 5. SEX<br><b>Male</b>   |  | 6. COLOR OR RACE<br><b>White</b> |             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> |  | 8. DATE OF BIRTH<br><b>6-10-84</b>                                 |  | 9. AGE (In years last birthday)<br><b>70</b> |  | IF UNDER 1 YEAR<br>Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Supt</b> |  |                                  |             | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>KC, Mo. City Hall</b>            |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Italy</b> |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                     |   |  |

|   |  |  |  |  |  |   |  |  |
|---|--|--|--|--|--|---|--|--|
| 13a. FATHER'S NAME<br><b>Vincent Girard</b> |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary ---</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Angeline Girard</b> |  |  |
|---|--|--|--|--|--|---|--|--|

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> |  | 16. SOCIAL SECURITY NO.<br><b>490-24-1290</b> |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mrs. Angeline Girard</b> |  | ADDRESS<br><b>1520 E. 37th, KC, Mo.</b> |  |
|---|--|---|--|--|--|---|--|

|  |  |   |  |  |  |                                  |  |
|--|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*<br><b>Coronary Sclerosis</b>  |  | ANTECEDENT CAUSES<br><b>Cardiomegaly, Atherosclerosis, Hypertension</b>   |  |  |  | <b>4201</b>                      |  |
| DUE TO (b)<br><b>General Atherosclerosis, Chronic Myocarditis</b>  |  | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                                 |  |  |  |                                  |  |
| DUE TO (c)<br><b>Hypertensive heart disease</b>  |  | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) |  | 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 Jan 14, 1955 to Mar 19, 1955, that I last saw the deceased alive on Mar 19, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |   |                                    |   |  |   |  |                                    |
|--|--|---|------------------------------------|---|--|---|--|------------------------------------|
| 23a. SIGNATURE <b>Edward C. Teubel</b> (Degree or title) <b>M.D.</b> |  |   | 23b. ADDRESS<br><b>4304 Forest</b> |   |  | 23c. DATE SIGNED<br><b>Mar 24-55</b>  |  |                                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>           |  | 24b. DATE<br><b>3/25/55</b>                   |                                    | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |  |                                    |
| DATE REC'D BY LOCAL REG.<br><b>3-25-55</b>                           |  | REGISTRAR'S SIGNATURE<br><b>Deva Marshall</b> |                                    |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Melody-McGilley-Eylar</b> |   |  |                                    |
|  |  |   |                                    |   |  |   |  | ADDRESS<br><b>Kansas City, Mo.</b> |

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

Dr. Teubel  
4304 Troost.

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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 *Alvin Barton*

Licensed Embalmer No. *490*

P. O. Address *KO B.*

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.