

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11835

State File No.

FILED APR 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1413

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Leavenworth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Leavenworth</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>TRINITY LUTHERAN.</u>		STREET ADDRESS (If rural, give location) <u>R-R. #2 815 8</u>	

3. NAME OF DECEASED (Type or Print) <u>GACE</u>	a. (First)	b. (Middle)	c. (Last) <u>CHALEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 30 1955</u>
---	------------	-------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>6-16-1900</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
----------------------	------------------------------	--	-----------------------------------	---	------------------------	----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barley Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	--

13a. FATHER'S NAME <u>Henry Young</u>	13b. MOTHER'S MAIDEN NAME <u>Rose</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---------------------------------------	---------------------------------------	---

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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>W.D. Young</u>	ADDRESS <u>Piper Kans.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>39 HOURS</u> FIRST symptoms <u>1 Mon. Ago.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Aneurysm.</u> DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331 h</u>

19a. DATE OF OPERATION <u>3/15/55 & 3/18/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>ArterioGRAM. - NO ANEURYSM DEMONSTRATED.</u>	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?

22. I hereby certify that I attended the deceased from MARCH 28, 1955, to MARCH 30, 1955, that I last saw the deceased alive on MARCH 30, 1955, and that death occurred at 1:50 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Comer Bates</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>329 BANCAR RD. NORTH KANSAS CITY, MO</u>	23c. DATE SIGNED <u>MAR 30, 1955</u>
--	--	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 30-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mukio Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leavenworth KS</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-30-55</u>	REGISTRAR'S SIGNATURE <u>neval minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sexton Funeral Chapel</u>	ADDRESS <u>Leav. Kans.</u>
---	---	---	----------------------------

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 *Theodore L. Stanton*.....

Licensed Embalmer No. *3003*.....

P. O. Address *Law, Kans*.....

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.