

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 17 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 417

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	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) <u>36 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>6612 Chestnut Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6612 Chestnut Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Gatchet</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>1-27-56</u>
----------------------------------------	------------------------	-----------------------	--------------------------	------------------------------------------	----------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB-18-1880</u>	9. AGE (In years last birthday) <u>75</u>	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) <u>RETIRED EMPLOYEE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MONTGOMERY WARD AND COMPANY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>1 Year Jamestown Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------	-------------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>JACOB GATCHETT</u>	13b. MOTHER'S MAIDEN NAME <u>MARY FISHER</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. CORA A. GATCHET</u>
------------------------------------------	----------------------------------------------	---------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>486-10-8062</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. CORA A. GATCHET</u>	ADDRESS <u>6612 CHESTNUT AVE. KANSAS CITY, MO.</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous Coronary attack</u>		<u>15 Mo</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>		<u>4201</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------------	----------------------------------------------------------------------	-----------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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.) <u>January, 25, 1956</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <input checked="" type="checkbox"/>
-------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

22. I hereby certify that I attended the deceased from January, 17, 1956, to January, 27, 1956, that I last saw the deceased alive on January, 25, 1956, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>V. W. Furness</u> (Degree or title) <u>Dr.</u>	23b. ADDRESS <u>402 Wirthman Bldg</u>	23c. DATE SIGNED <u>1-27-56</u>
---------------------------------------------------------------------	---------------------------------------	---------------------------------

24b. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24c. DATE <u>JAN-30-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
---------------------------------------------------------	------------------------------	---------------------------------------------------------------	---------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>1-30-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newsum</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</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..... *John B. Lewis*.....
Licensed Embalmer No..... *487*.....
P. O. Address..... *KC M.*.....

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.