

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16362**  
**2024**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_1. PLACE OF DEATH  
a. COUNTY **Jackson**2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City** c. LENGTH OF STAY (in this place) **26 yrs**c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION **1715 Madison**e. STREET ADDRESS (If rural, give location) **1715 Madison** **2298**3. NAME OF DECEASED (Type or Print) a. (First) **Alice** b. (Middle) **Victoria** c. (Last) **Gatewood** 4. DATE OF DEATH (Month) (Day) (Year) **May 6, 1956**5. SEX **Female** 3 6. COLOR OR RACE **Col.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced** 8. DATE OF BIRTH **Apr. 1, 1869** 9. AGE (In years last birthday) **67** 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) **at home** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.**13a. FATHER'S NAME **U. known** 13b. MOTHER'S MAIDEN NAME **U. known** 14. NAME OF HUSBAND OR WIFE **John Morgan**15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) **No** 16. SOCIAL SECURITY NO. **492-14-1342** 17. INFORMANT'S SIGNATURE OR NAME **Miss G. Smith** ADDRESS **2218 E. 11th Street**18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Chronic myocarditis**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Atherosclerosis**  
DUE TO (c) **Senility**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH  
**4221**19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO 

21a. ACCIDENT (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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Deputy Coroner** 23b. ADDRESS **1618 Lydia Ave** 23c. DATE SIGNED **5/6/56**24a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5/10/56** 24c. NAME OF CEMETERY OR CREMATORY **Highland Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**DATE REC'D BY LOCAL REG. **5-10-56** REGISTRAR'S SIGNATURE **Neva Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Baddeau, Appleton & Jones, Inc., K.C., Mo** ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
L. M. Tillman

---

---

**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..... *Conrad Gladys Bell* .....

Licensed Embalmer No..... 495 .....

P. O. Address..... K. C., W. ....

**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.