

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41479
STATE FILE NUMBER
5572

JAN 14 1957

Registration District No. 149 Primary Registration District 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, give TOWNSHIP OR TOWN) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial Nursing Home			Length of stay in lbs. 7 yrs		d. STREET ADDRESS 4138 Troost		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CORDELIA Middle GILREATH Last GILREATH				4. DATE OF DEATH Month 12 Day 23 Year 1956					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 21, 1863		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Birdstown, Tenn.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Charles Hudleston				14. MOTHER'S MAIDEN NAME Jane Beason					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Eula King				Address 4138 Troost	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr. Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Occlusion DUE TO (c) Arteriosclerosis								INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 1 day. 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) No								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour... Month, Day, Year. a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from June 1-5th to Dec 23, 1956 and saw her alive on Dec 23, 1956 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE M. B. Casbolt MD (Degree or title)				b. ADDRESS 4100 Waltham St. E. Mo.				22c. DATE SIGNED 12-24-56	
23a. BURIAL, CREMATION, <input checked="" type="checkbox"/> Burial		23b. DATE 12-26-1956		23c. NAME OF CEMETERY OR CREMATORY Kellog, Iowa		23d. LOCATION (City, town, or county) (State) Kellog, Iowa			
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS 1800 E. Linwood				25. DATE RECD. BY LOCAL REG. 12-24-56		26. REGISTRAR'S SIGNATURE Nevar Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
M. B. Casbolt

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Jan. 10, 1915
450. P.O. No.
U. S. 1-5115

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 J. W. Wain
~~W. W. Wain~~

Licensed Embalmer No. 4650. #6

P. O. Address K.C.

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