FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8673

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1376

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN K. C., Mo. — Inside Limits Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gen. Hospital # 1 — Length of stay in 15 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson,

c. CITY OR TOWN Kansas City, — Inside Limits Yes X No ☐

d. STREET ADDRESS (If outside, give location) 1656 Jefferson, — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First ~~Gorog.nna~~ Georganna Middle Last Garley

4. DATE OF DEATH Month 3 Day 22 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐

8. DATE OF BIRTH March 6, 1864

9. AGE (In years last birthday) 93 — 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) House-Wife

10b. KIND OF BUSINESS OR INDUSTRY X X

11. BIRTHPLACE (City and state or country) Lancaster County, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. X

17. INFORMANT Lon W. Garley, Address 1656 Jefferson,

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ~~Pending Diagnosis~~ Lobar pneumonia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

INTERVAL BETWEEN ONSET AND DEATH: 490 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3-19-57, to 3-22-57 and last saw her alive on 3-22-57

Death occurred at 6:30 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns (Degree or title) B. I. Burns, M. D.

22b. ADDRESS K, C., Mo.

22c. DATE SIGNED 3-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-25-57

23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS MEM. Chapels,

23d. LOCATION (City, town, or county) (State) Blue Ridge & Gregory, K.C, Mo.

24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEM. CHPLS. K. C, MO.

25. DATE RECD. BY LOCAL REG. 3-24-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Everett L. Seel

Licensed Embalmer No. 48

P. O. Address Kansas Cl

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.