

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17075

STATE FILE NUMBER

2013

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 only) 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 Gen'l Hosp. #1 | | | Length of stay in lb Life long | | d. STREET ADDRESS 1015 Cherry | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) THELMA Bernice | | | | First Bernice Middle Galyardt Last Galyardt | | 4. DATE OF DEATH Month 4 Day 29 Year 1957 | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH MAY 25, 1914 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at Home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) KANSAS CITY, KANS. | | 12. CITIZEN OF WHAT COUNTRY? USA. | |
| 13. FATHER'S NAME WALTER HOWARD | | | | 14. MOTHER'S MAIDEN NAME BERTHA DAVIDSON | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. | | 16. SOCIAL SECURITY NO. 585-03-7378 | | 17. INFORMANT Ms. Walter Howard Holden, Mo. | | | |
| 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 further investigation Pulmonary congestion & edema | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5811 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Pulmonary atelectasis | | | | | |
| | | DUE TO (c) Laennec's cirrhosis - acute and chronic alcoholism | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Bronchial mucus plugs | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 8 Month April Day 18 Year 1957 a. m. 30 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 April 18, 1957 to April 29, 1957 and last saw her alive on April 29, 1957 Death occurred at 8:30 A. 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) D | | | | 22b. ADDRESS 24th & Cherry | | 22c. DATE SIGNED 4-29-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 5/1/57 | | 23c. NAME OF CEMETERY OR CREMATORY HUBBELL Hill Cem | | 23d. LOCATION (City, town, or county) (State) TONGANOXIE, Ks. | |
| 24. FUNERAL DIRECTOR C Hervey Quisenberry ADDRESS Tonganoxie, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 4-29-57 | | 26. REGISTRAR'S SIGNATURE new Marshall | |

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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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 *Hervey Quisenberry*
Licensed Embalmer No. *40*

P. O. Address *Touganofe*

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.