

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001301

STATE FILE NUMBER

JAN 28 1959 Registration District No. 149 Primary Registration District No. 1002 Registrant No. 164

300
-57

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 7908 E. 67th		Length of stay in 1b 59 yrs	d. STREET ADDRESS (If outside, give location) 4923 Troost Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PRISCILLA Middle F. Last GARD			4. DATE OF DEATH Month Jan Day 7 Year 1959		
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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 May 12, 1896	9. AGE (In years last birthday) 62	10. FUNDING YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Rich Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Willard L. Mudd	13b. MOTHER'S MAIDEN NAME Katherine Campbell	14. NAME OF HUSBAND OR WIFE Ross Gard
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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. 493-34-7308	17. INFORMANT Address Mr. Willard Gard, 7908 E. 67th
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary insufficiency		INTERVAL BETWEEN ONSET AND DEATH One Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Shock & defibrillation	Six weeks
	DUE TO (c) Carcinomatous - from C.A. heart & pancreas one year	
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 <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from 1-4-59 to 1-7-59 and last saw her alive on 1-4-59 Death occurred at 9:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE J. P. McCalla (Degree or title) MD.	22b. ADDRESS 6312 Raytown Rd.	22c. DATE SIGNED 1-9-59
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-10-1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	23d. LOCATION (City, town, or country) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home	ADDRESS Woodland-Linwood	25. DATE RECD. BY LOCAL REG. 1-10-59	26. REGISTRAR'S SIGNATURE Neve Marshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

J. P. Mc Calla

Dr. P. P. ...
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...
FL 2-3000

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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 *James W. Wain*

Licensed Embalmer No. *4630*
P. O. Address *K.C., Mo.*

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.