

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009403

FILED APR 2 1958 Registration District No. 149 Primary Registration District No. 1005 STATE FILE NUMBER 1378 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 type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S		Length of stay in lb 40 YRS.	d. STREET ADDRESS (If outside, give location) 332 N. ASKEW		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last OLLIE GUY GATHRIGHT			4. DATE OF DEATH Month Day Year MARCH 14, 1959		
5. SEX MALE	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 21, 1898		9. AGE (In years at birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY UNION PAC. RR	11. BIRTHPLACE (City and state or country) FULTON, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WM. B. GATHRIGHT		13b. MOTHER'S MAIDEN NAME MARY F. WILSON HIBONEY		14. NAME OF HUSBAND OR WIFE ALMA GATHRIGHT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, state branch of service) No		16. SOCIAL SECURITY NO. *****	17. INFORMANT Address 332 N. ASKEW MRS. ALMA GATHRIGHT K. C. 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) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive cardiovascularis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x					INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 6 yrs.
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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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 1-11-56 to 3-14-59 and last saw ^{from} him alive on 3-14-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Graham Owens M. D. (Degree or title)		22b. ADDRESS 906 Grand K C Mo		22c. DATE SIGNED 3-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3/17/59		23c. NAME OF CEMETERY OR CREMATORY HILLCREST CEMETERY	
				23d. LOCATION (City, town, or county) (State) FULTON, Mo.	
24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC.		ADDRESS K.C. Mo.		25. DATE RECD. BY LOCAL REG. 3-16-59	
26. REGISTRAR'S SIGNATURE neva minshall					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Graham Owens

All diseases in Part I must be causally related.

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 Wayne Smith....., Student Embalmer No. 567.....
working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed Bert B. Penner.....

Licensed Embalmer No. 4656
P. O. Address I. C. M.

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.