

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018095

MAY 19 1959 Registration District No. 146 Primary Registration District No. 4237 STATE FILE NUMBER Registrar's No. 221

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Jefferson 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 10006 E 69th St | | Length of stay in 1b 2 weeks | d. STREET ADDRESS (If outside, give location) 400 Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Molly A. Middle Gipfert Last Gipfert | | | 4. DATE OF DEATH Month 5 Day 11 Year 1959 | |
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| 5. SEX Fem | 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 10/3/1876 | 9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months 7 Days 7 | IF UNDER 24 HRS Hours 7 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (City and state or country) St Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U S A |
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| 13a. FATHER'S NAME Walz | 13b. MOTHER'S MAIDEN NAME Walz | 14. NAME OF HUSBAND OR WIFE Maetin Henry Gipfert |
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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. 499 39 6466 | 17. INFORMANT Ralph Gipfert 10006 E 69th St., Address |
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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 Occlusion Raytown, Mo INTERVAL BETWEEN ONSET AND DEATH 18 to 24 hrs | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arterio-sclerotic Cardiovascular disease 20 yrs. |
| | DUE TO (c) Generalized Arterio sclerosis - 20 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 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 7:15 a.m. Month, Day, Year 5-11-59 a.m. p.m. |
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| 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.) Raytown | 20f. CITY, TOWN, OR LOCATION Raytown | COUNTY Jackson | STATE Mo. |
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21. I attended the deceased from **5-10-59** to **5-11-59** and last saw her alive on **5-10-59**
Death occurred at **7:15 a.m. 5-11-59** on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Name or title) Robert Keith Russell, M.D. | 22b. ADDRESS Raytown, Mo. | 22c. DATE SIGNED 5-11-59 |
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| 23a. BURIAL, CREMATION, REINTERMENT (Type) Removal | 23b. DATE 5/11/59 | 23c. NAME OF CEMETERY OR CREMATORY Sh Gordon Funeral Home | 23d. LOCATION (City, town, or county) (State) Jefferson City, Mo |
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| 24. FUNERAL DIRECTOR Shiel Funeral Home Address Kansas City Mo | 25. DATE RECD. BY LOCAL REG. 5-11-59 | 26. REGISTRAR'S SIGNATURE Russell |
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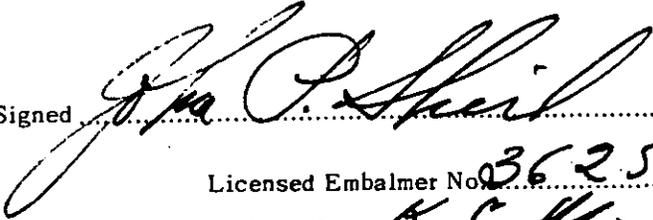
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 3625

P. O. Address H. 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.