

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025132

FILED JUL 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3199

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 4024 CLARK AVE.		Length of stay in lb 60 YEARS	d. STREET ADDRESS (If outside, give location) 4024 CLARK AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GLEN TAYLOR GAMAGE			4. DATE OF DEATH Month Day Year JUNE 29, 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 DEC. 1, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOOL & DIE MAKER		10b. KIND OF BUSINESS OR INDUSTRY ELECTRA MFG.	11. BIRTHPLACE (City and state or country) MT. PLEASANT, PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WALTER GAMAGE		13b. MOTHER'S MAIDEN NAME MARY EOFF		14. NAME OF HUSBAND OR WIFE LISETTA ANN GAMAGE	
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. 487-01-7286	17. INFORMANT ARNOLD L. BRINK-KANSAS CITY, MISSOURI Address 4024 CLARK AVE.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 12 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterial fibrillation	5 hrs
	DUE TO (c) Arterio sclerotic heart disease	10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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.)	
20c. TIME OF INJURY Hour Month, Day, Year 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
21. I attended the deceased from Sept 1 1947 to June 29 1959 and last saw him alive on June 29 1959 Death occurred at 1:30 P. on the date stated above; and to the best of my knowledge, from the causes stated.		

22. SIGNATURE (Degree or title) Daniel F. Hogan MD	22b. ADDRESS 801 1/2 W 39th St KC Mo	22c. DATE SIGNED 6-30-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 1, 1959	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR 1331 BRUSH ORSEK BLVD. D. W. NEWCOMER'S SONS-KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 6-30-59	26. REGISTRAR'S SIGNATURE new Marshall
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MEDICAL CERTIFICATION
Daniel F. Hogan USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Ed Nelson*

Licensed Embalmer No. *4401*

P. O. Address *Kansas*

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.