

OUR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-017471

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2137

STATE FILE NUMBER

Massive upper gastric tract bleeding 6-19-61
Coronary insuff. & past occlusion
Coronary arteriosclerosis
Coronary arteriosclerosis
BY AFFIDAVIT OF Attending physician
H. Hartwig
18b
18c

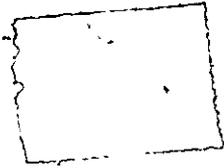
6-19-61

unknown
DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>54 Years</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7928 Ward Parkway</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>GOSLING</u> Last <u>GOSLING</u>			4. DATE OF DEATH Month <u>April</u> Day <u>29</u> Year <u>1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-1-1885</u>
9. AGE (last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>	IF UNDER 24 HR Hours <u>8</u> Min. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Contractor Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Staffordshire, England</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Joseph Gosling</u>	
13b. MOTHER'S MAIDEN NAME <u>Katherine Collier</u>		14. NAME OF HUSBAND OR WIFE <u>Gwendolyn Gosling</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs. Gwendolyn Gosling, 7928 Ward Pky. Kansas City, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrest</u> <u>Coronary insufficiency & past occlusions</u> DUE TO (b) <u>Widened upper ga. tract blood</u> <u>Coronary arteriosclerosis</u> DUE TO (c) <u>Unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pt. had gastric resection 20 days ago</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 5 min</u> <u>8 hrs.</u> <u>30 hr</u>
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 <u>2:05</u> a.m. <u>PM</u> Month, Day, Year <u>4-29-61</u>	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 <u>4-10-61</u> to <u>4-29-61</u> and last saw her <u>alive</u> on <u>4-29-61</u> Death occurred at <u>2:05 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED <u>4-29-61</u>
22a. SIGNATURE <u>H. Hartwig MD</u> (Degree or title)		22b. ADDRESS <u>701 E 63 KC MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-2-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Stine & McClure, 3235 Gilham Plaza Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-1-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

(Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. S. Walton

Licensed Embalmer No. 2744

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.