

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23032**  
**3099**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY - 18</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>140 So VAN BRUNT</u>				d. STREET ADDRESS (If rural, give location) <u>140 So VAN BRUNT</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MIKKIE</u>			b. (Middle) _____			c. (Last) <u>GADOW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 22 51</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>4-20-63</u>		9. AGE (In years last birthday) <u>88</u>		10 UNDER 1 YEAR Months Days Hours Min. 11 UNDER 2 YRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN FISHER</u>				13b. MOTHER'S MAIDEN NAME <u>WILHELMINE HEINRICHS</u>				14. NAME OF HUSBAND OR WIFE <u>Dec</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>				16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernie Gadow</u>				ADDRESS <u>K.C. MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart (disease) failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> <u>5 days</u> <u>15 years</u> <u>33 1/2</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 17, 1951</u> , to <u>July 22, 1951</u> , that I last saw the deceased alive on <u>July 22, 1951</u> , and that death occurred at <u>12:45 a.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Wm. Fowler DOD</u> (Degree or title) <u>V</u>						23b. ADDRESS <u>107 So Oakley</u>			23c. DATE SIGNED <u>7/22/51</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/22/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>California</u>		24d. LOCATION (City, town, or county) <u>California</u>		(State) <u>MO</u>			
DATE REC'D BY LOCAL REG. <u>7-21-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Palmer</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Home</u>		ADDRESS <u>K.C. MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *John P. Sheil*  
Licensed Embalmer No. 3625

P. O. Address \_\_\_\_\_

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 this body is not embalmed, fact should be so stated above.