

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1156**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1619 E. 22nd Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Matthew</b> b. (Middle) _____ c. (Last) <b>Gibson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 5, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. <del>MARRIED</del> NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <b>7-22-97</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unemployed</b>	11. BIRTHPLACE (State or foreign country) <b>McKinney, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>George Gibson</b>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Naomi Britt</b> ADDRESS <b>1619 E. 22nd</b>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Idiopathic epilepsy</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Organic C.N.S. lesion</b> (Type undetermined)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **12-3, 1949**, to **1-5, 1950**, that I last saw the deceased alive on **1-5, 1950**, and that death occurred at **7:50p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. Frank Ellis</b> (Degree or title) _____	23b. ADDRESS <b>600 East 22nd Street</b>	23c. DATE SIGNED <b>1-6-50</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>KC College osteopathy</b>	24d. LOCATION (City, town, or county) (State) <b>K.C. MO</b>
DATE REC'D BY LOCAL REG. <b>1-9-50</b>	REGISTRAR'S SIGNATURE <b>Mrs. Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Waham Beer</b> ADDRESS <b>2304 June st</b>	

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*B L Graham*

Licensed Embalmer No.

*2549*

P. O. Address

*2307 Vine St*

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.