

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20159**
2679BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE IOWA b. COUNTY DES MOINES		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 6 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DES MOINES		X 8140 6
d. FULL NAME OF HOSPITAL OR INSTITUTION LAKE SIDE			d. STREET ADDRESS (If rural, give location) 4013 E 29TH		
3. NAME OF DECEASED (Type or Print) a. (First) LEMUEL		b. (Middle) E.	c. (Last) GIBSON	4. DATE OF DEATH (Month) (Day) (Year) 6 23 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-7-1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR: Months 4 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FILE CLERK		10b. KIND OF BUSINESS OR INDUSTRY SUPREME COURT of IA	11. BIRTHPLACE (State or foreign country) COUPIN Co., Ill		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JAMES GIBSON		13b. MOTHER'S MAIDEN NAME MARY WRIGHT	14. NAME OF HUSBAND OR WIFE JOSIE SIMONS GIBSON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 478-30-7484	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Greenhaven 21 K.C. Mo. Mr. Merlin G. Fuller RR #10			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of colon DUE TO (c) Adenocarcinoma Prostate II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 HRS 1 year 3 yrs. 197X
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 May 1 , 1951, to June 23 , 1951, that I last saw the deceased alive on June 22 , 1951, and that death occurred at 1 A. m., from the causes and on the date stated above.					
23a. SIGNATURE Eugene R. Young		(Name or title) D.O.B.O.	23b. ADDRESS 2353 E. 27 St. K.C. Mo.		23c. DATE SIGNED June 23 51
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6-23-51	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) DES MOINES IOWA		
DATE REC'D BY LOCAL REG. 6-23-51	REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil		ADDRESS K.C. Mo

(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. Shill*.....

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.