

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37304**
5171

FILED DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (In this place) 18 yrs | | d. STREET ADDRESS (If rural, give location) 5610 E 10 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5610 E 10th | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) T c. (Last) Gibbon | 4. DATE OF DEATH (Month) (Day) (Year) 11/25/51 |
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|--------------------|-------------------------------|---|--------------------------------------|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH 2/11/1865 | 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months IF UNDER 2 HRS. Hours IF UNDER 2 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED | 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN | 11. BIRTHPLACE (State or foreign country) BROOKLYN, N. Y. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE none |
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| 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. no | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Pohlman 5610 E 10th |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death Unknown | | INTERVAL BETWEEN ONSET AND DEATH 7955 |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION No Relation to sign Post found | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner | 23b. ADDRESS 1034 Quail Blde | 23c. DATE SIGNED 11-28-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/3/51 | 24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City Mo |
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| DATE REC'D BY LOCAL REG. 11-3-51 | REGISTRAR'S SIGNATURE Sheraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Shiel D. C. Mo. |
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(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 Richard C Carroll

Licensed Embalmer No. 4829

P. O. Address. W. 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 this body is not embalmed, fact should be so stated above.