

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9842
State File No. 1201

BIRTH 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 Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 6 1/2 yrs		d. STREET ADDRESS (If rural, give location) 1729 Corrington Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1729 Corrington Avenue			

3. NAME OF DECEASED (Type or Print) Rosa M. Gibbons			4. DATE OF DEATH (Month) (Day) (Year) Feb. 25 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH OCT 8 1886		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	
11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MO		12. CITIZEN OF WHAT COUNTRY? U.S.A		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME - BOXER		13b. MOTHER'S MAIDEN NAME ALICE		14. NAME OF HUSBAND OR WIFE - unknown	
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 HELEN CLEM 3301 Paces	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown		ANTECEDENT CAUSES			7-55
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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. No relatives			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

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 7:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1524 Peoria Plaza		23c. DATE SIGNED 7-26-53	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE Feb 27 53		24c. NAME OF CEMETERY OR CREMATORY FORREST HILL	
24d. LOCATION (City, town, or county) Kansas City		24e. (State) Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1381 BRUSH CREEK KANSAS CITY MO	
DATE REC'D BY LOCAL REG. 2-27-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1381 BRUSH CREEK KANSAS CITY MO	

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 _____

Chester K Brown

Student Embalmer No. *476*

working under my personal supervision.

Student

Chester K Brown

Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No.

4452

P. O. Address

K.C. & me

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.