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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37161

State File No.

FILED NOV 23 1955

BIRTH NO. REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Township</u>		c. CITY OR TOWN <u>Hickman Mills</u>	d. Is Residence within limits of a city or incorporated town? <u>No</u>
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>10016 Blue Ridge</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 10016 Blue Ridge</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Gibbons</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>11 12 55</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 28, 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Asst. District Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lowe Brothers DUSTRY Paint & Varnish Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Edina, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Gibbons</u>	13b. MOTHER'S MAIDEN NAME <u>Mary T. White</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Truesdale Gibbons</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service)	17. INFORMANT'S SIGNATURE OF <u>Mrs. Truesdale Gibbons, 10016 Blue Ridge</u>
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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, ashenia, 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) <u>acute myocardial infarction</u>		<u>2 1/2 weeks after</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery sclerosis</u> DUE TO (c) <u>arterial hypertension</u>		<u>7 yrs</u> <u>7 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	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 12-23 - 1948, to 11-19 - 1955, that I last saw the deceased alive on 11-12 - 1955, and that death occurred at 9:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. D. Statten, M.D.</u>	23b. ADDRESS <u>Professional Building</u>	23c. DATE SIGNED <u>11/14/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 15, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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DATE REC'D BY LOCAL REG <u>11-14-55</u>	REGISTRAR'S SIGNATURE <u>Statten</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Eylar</u>	ADDRESS <u>1800 Linwood Blvd.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

George F. ...
S. ...
Dw 5482

AUG 7 1958

MAR 23 1958

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.....
Signature of Student Embalmer

Signed *Melvin Darter*

Licensed Embalmer No. 49

P. O. Address KC Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.