

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1955

State File No. **40570**

**5103**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5103</b>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment.) a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS City, Mo</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY OR TOWN <b>KANSAS City, Rural</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>				• STREET ADDRESS (If rural, give location) <b>6405 Sagamore Rd. 7000</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>		b. (Middle) <b>R.</b>		c. (Last) <b>Gibbons</b>		A. DATE OF DEATH (Month) (Day) (Year) <b>November 24 1955</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12-24-74</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 Wks. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Osage City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>(Unk.) Gibbons</b>			13b. MOTHER'S MAIDEN NAME <b>Etta Calvert</b>		14. NAME OF HUSBAND OR WIFE <b>Clara</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-22-1903A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edurt Heissen - 6405 Sagamore Rd.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Failure</b>					INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>Arteriosclerotic</b>		years		
		DUE TO (c)					4500		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>Jan 1950</b> , to <b>Nov 24, 1955</b> , that I last saw the deceased alive on <b>Nov 24, 1955</b> and that death occurred at <b>9:30</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Edurt Heissen</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>116 W 47 St</b>		23c. DATE SIGNED <b>11-24-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-25-55</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>New Franklin, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>11-24-55</b>		REGISTRAR'S SIGNATURE <b>Gene Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McDill-Lyles - K.C. Mo.</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.....  
Signature of Student Embalmer

Signed *Melvin Barteaux*

Licensed Embalmer No. *490*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.