

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5242

State File No. _____

FILED FEB 27 1956

BIRTH NO. 14409-56 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence 25 mi.</u>	c. LENGTH OF STAY (in this place) <u>25 mi.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>K.C. No. 3408</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>San. & Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>3037 No. Prospect</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marc</u> b. (Middle) <u>Columbus</u> c. (Last) <u>Gibson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Febr 8 - 56</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>2-8-56</u>
9. AGE (In years last birthday) _____		10. MONTH _____	11. IF UNDER 1 YEAR _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Independence Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Paul E. Gibson</u>	13b. MOTHER'S MAIDEN NAME <u>Juanita Perdue</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Juanita Gibson</u> ADDRESS <u>3037 No. Prospect K.C. Mo.</u>

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, asphyxia, 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>Fatal Hydrops</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Erythroblastosis</u>		
DUE TO (c) _____		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 <u>7700</u>	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)	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 2-8, 1956, to 2-8, 1956, that I last saw the deceased alive on 2-8, 1956, and that death occurred at 3:54 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James T. VanBuren M.D.</u> (Degree or title)	23b. ADDRESS <u>3174 Bronson</u>	23c. DATE SIGNED <u>2-8-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-7-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cemetery, Mo.</u>
24d. LOCATION (City, town, or county) (State) _____	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u> ADDRESS <u>Independence, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-10-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 334	

(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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Floyd C. Carson

Licensed Embalmer No. _____

P. O. Address _____

*4199
Indys. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.