

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4194 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>Gentry</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) <u>Albany</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>1827 Poplar Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Philip</u>	b. (Middle) <u>Eugene</u>	c. (Last) <u>Gagnebin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1956</u>
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5. SEX <u>M O</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 26 1924</u>	9. AGE (In years last birthday) Months Days <u>32 3 28</u>	IF UNDER 18: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>fireman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. fire dept.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oakwood, Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Ed Dewey Gagnebin</u>	13b. MOTHER'S MAIDEN NAME <u>Fay Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Nichols Gagnebin</u>
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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) <u>Yes W.W. II</u>	16. SOCIAL SECURITY NO. <u>495-20-7901</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edna Gagnebin</u>	ADDRESS <u>Kansas City Mo.</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, asthenia, 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>Adverse Cholecystomy Colon</u>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153x</u>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 1, 1956, to May 24, 1956, that I last saw the deceased alive on May 24, 1956, and that death occurred at 5:45 a. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles T. Williamson DO P</u>	23b. ADDRESS <u>Gentry Mo</u>	23c. DATE SIGNED <u>5-25-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 27 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	24d. LOCATION (City, town, or county) (State) <u>Albany Missouri</u>
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DATE REC'D BY LOCAL REG <u>May 27 1956</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blufford Brooks</u>	ADDRESS <u>Albany Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

JUN 6 1956

JUL 24 1956

JUN 26 1956

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^{me}....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Laiffert Brooks*.....
Licensed Embalmer No. 3329

P. O. Address Albany, 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.