

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30714 ✓

STATE FILE NUMBER

FILED OCT 3 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3713

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, give TOWNSHIP only) OR TOWN Kansas City 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 3588		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. # 1			Length of stay in lb 28 yrs	d. STREET ADDRESS 5243 E 39 Terr. (If outside, give location)		
3. NAME OF DECEASED (Type or print) First Melody Middle M. Last Gibbons			4. DATE OF DEATH Month Aug. Day 21 Year 56			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 7, 1909	9. AGE (In years last birthday) 46 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beauty Operator		10b. KIND OF BUSINESS OR INDUSTRY Self, Prospect	11. BIRTHPLACE (City and state or country) Snyder, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Thomas W. Ewing			14. MOTHER'S MAIDEN NAME Edith Collard			
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. 497-14-6693	17. INFORMANT Paul C. Gibbons 5243 East 39th Terrace			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Splenomegaly					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Jaundice and hemorrhagic diasthesis (n.m.c.)	
DUE TO (c)					24-7	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from Aug. 19, 1956 to Aug. 21, '56 and last saw ^{her} him alive on Aug. 21, 56 Death occurred at 1:55 am on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE B. I. Burns (Degree or title) 0			22b. ADDRESS 24th & Cherry Sts.		22c. DATE SIGNED 8/21/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Rem.		23b. DATE 8-24-56	23c. NAME OF CEMETERY OR CREMATORY Rest Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Coffeyville, Kansas	
24. FUNERAL DIRECTOR Mellody-McGilley-Eyler		ADDRESS 1800 E. Linwood	25. DATE RECD. BY LOCAL REG. 8-24-56	26. REGISTRAR'S SIGNATURE Neva Mitchell		

(Licensed Embalmer's Statement on Reverse Side)

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.. *Arthur Eugene Kamm*

Licensed Embalmer No. *49*

P. O. Address *K.C. 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.