

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 011 75 521
STATE FILE NUMBER
Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 45

5. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Washington		c. CITY OR TOWN HICKMAN Mills Rural - Washington <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9540 Raytown Rd.		d. STREET ADDRESS (If outside, give location) 9540 Raytown Rd.	
3. NAME OF DECEASED (Type or print) First Harry Middle C. Last Gabbert		4. DATE OF DEATH Month May Day 20 , Year 1957	
5. SEX Male	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 1986
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	11. BIRTHPLACE (City and state or country) Hutchinson, Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mary Belle Gabbert Deceased-Died same time
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address as Husband Glenn Gabbert, Oswego, Oregon
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration abdomen Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) numerous fractured abrasions DUE TO (c) 9340 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) } Intestines protruding. 22			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) Injured in tornado	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 5:30 p.m. 57		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Jackson MO	
21. I attended the deceased from _____, to _____, and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Glenn A. Owens (Degree or title)		22b. ADDRESS 1034 Rivier Bldg	
22c. DATE SIGNED 5-22-57		22d. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 23, 1957	
23c. LOCATION (City, town, or county) Independence, Missouri		23d. (State)	
24. FUNERAL DIRECTOR Langsford Funeral Home Lee's Summit, Missouri		25. DATE RECD. BY LOCAL REG. 5/22/57	
26. REGISTRAR'S SIGNATURE Herbert E. Goddard			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MAY 28 1957

1 JUL - 19 1957

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 *N. B. Langford*
Licensed Embalmer No. *4962*
P. O. Address *Lee's Summit, 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.