

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9/18/57

47264

STATE FILE NUMBER

6286

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|--|----------------------------------|---|--|--|--|--|---|
| 15399 | | Registration District No. 149 | | Primary Registration District No. 1002 | | Registrar's No. 6286 | |
| 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, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Levi Summit</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hosp.</u> | | | Length of stay in lb - <u>life</u> | d. STREET ADDRESS (If outside, give location) <u>607 Meadow Lane</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>BABY</u> Middle <u>GIRL</u> Last <u>GIBSON</u> | | | | 4. DATE OF DEATH Month <u>NOV</u> Day <u>30</u> Year <u>1957</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>NOV 30, 1957</u> | | 9. AGE (In years last birthday) - | IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u>-</u> Min. <u>-</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY - | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13. FATHER'S NAME <u>Elmer Gibson</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Lillian Faye Frye</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT <u>Father</u> | | Address <u>607 Meadow Lane</u> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Incomplete development of all visceral organs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>7593</u> | | | | | | | |
| 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 _____ Month _____ Day _____ Year _____ 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 <u>11-30-57</u> to <u>12-30-57</u> and last saw her <u>alive</u> on <u>11-30-57</u> Death occurred at <u>12-59</u> <u>pm</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Clint L. Miller</u> (Type or Print) | | | | 22b. ADDRESS <u>Levi Summit Mo</u> | | 22c. DATE SIGNED <u>12-10-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>retained</u> | | 23b. DATE <u>11-30-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Luke's Hospital</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>St. Lukes Hospital</u> ADDRESS <u>Kansas City, Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>1-21-58</u> | | 26. REGISTRAR'S SIGNATURE <u>neva munsell</u> | | |

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ ^{disposed} by me, or by St. Lukes Hosp., Kansas City, Mo. Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed John D. King, M.D.

Licensed Embalmer No. _____

P. O. Address _____

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.