

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032687

STATE FILE NUMBER

FILED OCT 15 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4577

300  
1-57

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><i>Jackson</i>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><i>Missouri</i> b. COUNTY<br><i>Jackson</i>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><i>Kansas City</i>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN<br><i>Kansas City</i>                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><i>Osteopathic Hospital 60 years</i>  |                                  | Length of stay in lb<br><i>60 years</i>   | d. STREET ADDRESS (If outside, give location)<br><i>2540 Rochester</i> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><i>MARY J GIPPER</i>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><i>Sept 27 1958</i>              |
| 5. SEX<br><i>Female</i>   | 6. COLOR OR RACE<br><i>White</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>   | 8. DATE OF BIRTH<br><i>November 7 1884</i>                             |
| 9. AGE (In years last birthday)<br><i>73</i>  |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housewife</i>  | 11. BIRTHPLACE (City and state or country)<br><i>Pleasant Hill Mo</i>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><i>USA</i>  |                                  | 13a. FATHER'S NAME<br><i>Henry Hawkins</i>  | 13b. MOTHER'S MAIDEN NAME<br><i>Nancy Smith</i>                        |
| 14. NAME OF HUSBAND OR WIFE<br><i>Henry Gipper</i>  |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><i>no</i>  | 16. SOCIAL SECURITY NO.<br><i>None</i>                                 |
| 17. INFORMANT<br><i>Mrs Elizabeth Lebey - 2404 E 52nd St</i>  |                                  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Urinary Sepsis</i><br>DUE TO (b) <i>Pyelonephritis</i><br>DUE TO (c) <i>Uremia</i><br>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?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><i>60 yr</i>  |  |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m.<br>p.m.  |                                  | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <i>9/26/58</i> to <i>27th of Sept 58</i> and last saw her <sup>her</sup> alive on <i>9/27/58</i><br>Death occurred at <i>12:27</i> <sup>o</sup> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>Richard P. Mucie D. O.</i>   |                                  | 22b. ADDRESS<br><i>1924 E 31st St</i>   |  |
| 22c. DATE SIGNED<br><i>9/27/58</i>  |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>  |  |
| 23b. DATE<br><i>Sept 29 1958</i>  |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Calvary Cemetery</i>   |  |
| 23d. LOCATION (City, town, or county) (State)<br><i>Kansas City Mo</i>  |                                  | 24. FUNERAL DIRECTOR ADDRESS<br><i>Hilke Funeral Home 2315 Linwood</i>  |  |
| 25. DATE RECD BY LOCAL REG.<br><i>9-29-58</i>   |                                  | 26. REGISTRAR'S SIGNATURE<br><i>neva Marshall</i>   |  |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Richard P. Mucie



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 *Chas E Weeks* .....

Licensed Embalmer No. *2644* .....

P. O. Address *19 E 240* .....

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.