

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044113

STATE FILE NUMBER

FILED DEC 18 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5481

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <u>Osteopathic</u>		d. STREET ADDRESS (If outside, give location) <u>3914 E 12<sup>th</sup> Terr</u>	
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>L.</u> Last <u>Gibson</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>19</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 28, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Yard</u>	11. BIRTHPLACE (City and state or country) <u>Emporia, Kansas</u>
13a. FATHER'S NAME <u>John Alfred Gibson</u>		14. NAME OF HUSBAND OR WIFE <u>Monnie Gibson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>496-05-4670</u>	17. INFORMANT <u>Monnie Gibson</u> Address <u>3914 E 12<sup>th</sup> Terr Kan City, Mo</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>Conjunctive Heart Failure 48 hrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Bronchial pneumonia 48 hrs</u> DUE TO (c) <u>Carcinoma of lungs &amp; liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 x</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.) <u>1 1/2 x</u>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a.m. _____ p.m. _____		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT <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>1942</u> to <u>Death</u> and last saw <sup>him</sup> alive on <u>11-18-58</u> Death occurred at <u>Seven 07 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>[Signature]</u>	
22b. ADDRESS <u>3309 E 12</u>		22c. DATE SIGNED <u>11-20-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 21, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
24. FUNERAL DIRECTOR <u>Muehlebach F.H.</u>		ADDRESS <u>6800 Trass</u>	25. DATE RECD. BY LOCAL REG. <u>11-20-58</u>
		26. REGISTRAR'S SIGNATURE <u>Neval Marshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

B. O. Reese

72

Dr  
1-12-47  
2:30

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 *J. T. Crowell* .....

Licensed Embalmer No. *4904* .....

P. O. Address *H. 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.