

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026232

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Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 164 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Pottawatomie</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Moberly</i>		Length of stay in 1b <i>1 week</i>	c. CITY OR TOWN <i>St. Marys</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>H 03 Austin</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>_____</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <i>JOSEPH HENRY GIBBONS</i>			4. DATE OF DEATH Month Day Year <i>July-27-1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-22-84</i>	9. AGE (last birthday) <i>75</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>_____</i>	11. BIRTHPLACE (City and state or country) <i>St. Marys Kansas</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>

13a. FATHER'S NAME <i>Patrick Gibbons</i>		13b. MOTHER'S MAIDEN NAME <i>Mead</i>		14. NAME OF HUSBAND OR WIFE <i>_____</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>512-16-0304</i>		17. INFORMANT <i>Maurice Gibbons Moberly Mo</i> Address <i>_____</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>			
DUE TO (c) <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Recent operation for gastric ulcer</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <i>Death</i>
20c. TIME OF INJURY <i>6:25 p.m.</i>	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Death</i>	20f. CITY, TOWN, OR LOCATION <i>St. Marys</i>	COUNTY <i>Kansas</i>	STATE
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21. I attended the deceased from *July 27/59* to *Death* and last saw him alive on *died on arrival*.
Death occurred at *6:25 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Dr. L. E. Huber, MD</i>		22b. ADDRESS <i>Moberly Mo.</i>		22c. DATE SIGNED <i>7/28/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>July-28-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>_____</i>	23d. LOCATION (City, town, or county) <i>St. Marys Kansas</i>	

24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i>	ADDRESS <i>_____</i>	25. DATE RECD. BY LOCAL REG. <i>7-28-59</i>	26. REGISTRAR'S SIGNATURE <i>Beal</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry R. Cater

Licensed Embalmer No. *4906*

P. O. Address *Moberly*

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.