

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## =60-018726

FILED VS JUN 9 1960

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 97

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>North Kansas City, Mo.</b>		Length of stay in lb <b>3 Days</b>	c. CITY OR TOWN <b>North Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>N.K.C. Memorail Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1209 East 23rd Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>Mr. Paul Bryan Gabbert</b>			4. DATE OF DEATH <b>May 29, 1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>5-16-1896</b>	9. AGE (last birthday) <b>64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>De Sota Chemical Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Clay County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>

13a. FATHER'S NAME <b>Melvin M. Gabbert</b>		13b. MOTHER'S MAIDEN NAME <b>Laura V. Gabbert</b>		14. NAME OF HUSBAND OR WIFE <b>Thelma Taylor</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>487-10-2522</b>		17. INFORMANT Address <b>Dr. Harry V. Gabbert 4502 N. Campbell</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Sen Cachexia + Malnutrition</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Broncho genic Carcinoma</b>		
	DUE TO (c) <b>Generalized Metastasis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **4-4-60** to **death** and last saw him alive on **5/29/60**.  
Death occurred at **12:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <b>W. H. Newcomer M.D.</b>		22a. ADDRESS <b>Northice, Mo</b>		22b. DATE SIGNED <b>5/31/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-31-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	23d. LOCATION (City, town, or county) <b>Liberty, Missouri</b>		

24. FUNERAL DIRECTOR ADDRESS <b>D. W. Newcomer's Sons N. K. C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-31-60</b>	26. REGISTRAR'S SIGNATURE <b>Marquise Audgens</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 12 1961

STATEMENT BY LICENSED EMBALMER

JUN 9 1 1960

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

*John V. Hennick Jr.*

Licensed Embalmer No. 4548

P. O. Address S. 8. 17 m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.