

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038368

FILED VS OCT 3 1 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5229 STATE FILE NUMBER

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>		Length of stay in 1b <u>22 1/2</u>		c. CITY OR TOWN <u>GRAIN VALLEY</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 MARK'S HOSP.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>NO. NUMBERS.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLINTON BROOKS GIBLER</u>				4. DATE OF DEATH Month Day Year <u>10 13 60</u>									
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</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>4-8-1904</u>		9. AGE (last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>		IF UNDER 24 HR Hours <u>4</u> Min. <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION. FOREMAN</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>GEN & RAILROAD</u>		11. BIRTHPLACE (City and state or country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					
13a. FATHER'S NAME <u>LEWIS J GIBLER</u>				13b. MOTHER'S MAIDEN NAME <u>JUNE OSBORNE</u>				14. NAME OF HUSBAND OR WIFE <u>LOTTIE MAE GIBLER</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. <u>709-12-1231</u>		17. INFORMANT Address <u>Lottie Mae Gibler, Grain Valley, 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>Coronary Thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4 hr.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>-</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input 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 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>-</u>									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		<u>-</u>											
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.) <u>-</u>		20f. CITY, TOWN, OR LOCATION <u>-</u>		COUNTY <u>-</u>		STATE <u>-</u>					
21. I attended the deceased from <u>10-12-60</u> to <u>10-13-60</u> and last saw him alive on <u>10-12-60</u> Death occurred at <u>1:05 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>James William Williams M.D.</u>				22b. ADDRESS <u>Oak Street, MO</u>				22c. DATE SIGNED <u>10-14-60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-15-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>		23d. LOCATION (City, town, or county) (State) <u>Blue Springs, Mo</u>							
24. FUNERAL DIRECTOR <u>Myself</u>				ADDRESS <u>Blue Springs</u>		25. DATE RECD. BY LOCAL REG. <u>10-18-60</u>		26. REGISTRAR'S SIGNATURE <u>H-L-Dwyer</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JOHN W. WILLIAMS

OCT 31 1960

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 Charles E. Mayfield

Licensed Embalmer No. 4630

P. O. Address Blue Springs

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.