

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018961

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2629

FILED JUN 8 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 days	c. CITY OR TOWN Independence
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2310 Crescent
3. NAME OF DECEASED (Type or print) First Tracy Middle Eugene Last Gibson		4. DATE OF DEATH Month May Day 12 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-10-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (last birthday) IF UNDER 1 YEAR: Months 2 IF UNDER 24 HR: Days 2 Hours 0 Min. 0
13a. FATHER'S NAME Robert Gibson		13b. MOTHER'S MAIDEN NAME Juanita Phillips	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY USA	
16. SOCIAL SECURITY NO. None		14. NAME OF HUSBAND OR WIFE None	
17. INFORMANT Robert Gibson		Address 2310 Crescent	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Hyphocyphelus & Tracheoesophageal Fistula			3
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pneumonia			48hrs
DUE TO (c) _____			
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 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"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 Independence, Mo.
21. I attended the deceased from 5-10-62 to 5-12-62 and last saw her/him alive on 5-12-62 Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Philip J. Baker MD		22b. ADDRESS 9306 E. 40 Indep, Mo.	
22c. DATE SIGNED 5-14-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-14-62	23c. NAME OF CEMETERY OR CREMATORY Akron Cemetery	23d. LOCATION (City, town, or county) (State) Cainesville, Mo.
24. FUNERAL DIRECTOR Stocklasa Funeral Home		25. DATE RECD. BY LOCAL REG. 5-14-62	26. REGISTRAR'S SIGNATURE Ruth H Long

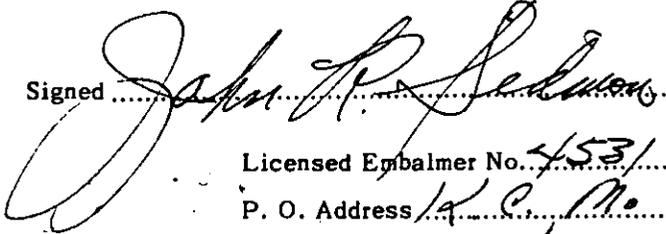
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

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 
Licensed Embalmer No. 4531
P. O. Address 1st 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.