

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1155  
210

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 210			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY CLAY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HARLEM		0240			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5TH & MAIN				d. STREET ADDRESS (If rural, give location) RIVER ROAD					
3. NAME OF DECEASED (Type or Print) a. (First) KAY		b. (Middle)		c. (Last) GIBSON		4. DATE OF DEATH (Month) (Day) (Year) 1 13 50			
5. SEX M (W)		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 5-1 married		8. DATE OF BIRTH MAR 20 1877			
9. AGE (In years last birthday) 72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DEWITT MO			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME CHARLES GIBSON		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-07-1174		17. INFORMANT'S SIGNATURE OR NAME MRS FAYE HARBIN		ADDRESS NKC MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Death unknown  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.  7955				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no Relation to Legn Post Mort				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Hugh H. Owens (Degree or title)				23b. ADDRESS 1039 Peato Bldg		23c. DATE SIGNED 1-14-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/16/50		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS.		24d. LOCATION (City, town, or county) (State) KCV MO.			
DATE REC'D BY LOCAL REG. 1-16-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S		ADDRESS CITY			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Ray E. Snow*

Licensed Embalmer No. *2560*

P. O. Address *K E 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 this body is not embalmed, fact should be so stated above.