S. No. 300
EV. 10.48

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

FILED AUG 21 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26868
Registrar's No. 3294

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, 115 N. Oakley

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 115 N. Oakley 306 C B

**3. NAME OF DECEASED** (Type or Print)
a. (First): Nannie
b. (Middle): B.
c. (Last): Gibbs

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 1, 1950

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: Sept. 12, 1863
**9. AGE** (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: self employed
**11. BIRTHPLACE** (State or foreign country): Morgan Co. Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Josiah Curtis
**13b. MOTHER'S MAIDEN NAME**: Mary Ann Estes
**14. NAME OF HUSBAND OR WIFE**: Henry M. Gibbs (deceased)
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: John Brackenbury, Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis — "
DUE TO (c) Generalized Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July, 1948, *to* Aug 1, 1950, *that I last saw the deceased alive on* July 31, 1950, *and that death occurred at* 2:16 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** P. A. Kienberger MD (Degree or title)
**23b. ADDRESS**: 5342 St John
**23c. DATE SIGNED**: 8-2-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: Aug. 3, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Md. Grove Cem.
**24d. LOCATION** (City, town, or county) (State): Independence, Mo.

**DATE REC'D BY LOCAL REG.**: 8-3-50
**REGISTRAR'S SIGNATURE**: Geraldine Volmer
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: C. C. Carson, Independence, Mo.

(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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, 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.