

FILED OCT 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30411
Registrar's No. 4107

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

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, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 30 YEARS		d. STREET ADDRESS (If rural, give location) 5811 BLUE HILLS ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5811 BLUE HILLS ROAD			

3. NAME OF DECEASED (Type or Print) a. (First) ANNA C b. (Middle) GIBSON c. (Last) GIBSON			4. DATE OF DEATH (Month) (Day) (Year) SEPT-27-1950		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT-2-1899		9. AGE (In years last birthday) 61		10. MONTHS 61		11. DAYS 61		12. HOURS 61		13. MINUTES 61	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY AT HOME			11. BIRTHPLACE (State or foreign country) ONAGA, KANSAS			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME William H. Randall			13b. MOTHER'S MAIDEN NAME Mary Harrison			14. NAME OF HUSBAND OR WIFE ELZA W. GIBSON		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME ELZA W. GIBSON			ADDRESS 5811 BLUE HILLS ROAD KANSAS CITY, MO.		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Ovaries						175	
		ANTECEDENT CAUSES							
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) None							
		DUE TO (c) None							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. None							

19a. DATE OF OPERATION 4-10-49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Both Ovaries - Metastasis						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 0	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 0		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 0		21f. HOW DID INJURY OCCUR? 0	
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22. I hereby certify that I attended the deceased from **1-1-1947** to **9-27-1950**, that I last saw the deceased alive on **9-27-1950**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE Jacob P. Farney (Degree or title) MD		22b. ADDRESS 6305 Brookside Pk. K. Mo.		22c. DATE SIGNED 9-28-50	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT-29-1950		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 9-29-50		REGISTRAR'S SIGNATURE Staldine Holmes		FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Son		ADDRESS 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

12 noon

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John E. Fraking*
Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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.