

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8474

State File No. 992  
Registrar's No. 992

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 992	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>4 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>27 E. 32nd. Terr. 3410</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>27 E. 32st. Terrace</b>				3. NAME OF DECEASED a. (First) <b>Sally</b> (Type or Print)		b. (Middle) <b>Wallace</b> c. (Last) <b>Gibbs</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>3 3 51</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>	
8. DATE OF BIRTH <b>5/17/1862</b>		9. AGE (In years last birthday) <b>88</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Robert Wallace</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Barton</b>		14. NAME OF HUSBAND OR WIFE <b>Frank L. Gibbs</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Harry Klutz Holden Mo.</b>			
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* <b>Cardiac Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Hypertensive Heart Disease</b>  <b>DUE TO (c)</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>(1) Diabetes (2) Arteriosclerosis (Intestines)</b>				INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>154 hrs</b> <b>(24 hrs) (36 mos)</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443XH</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 <b>1/14, 1950</b> to <b>3/3, 1951</b> , that I last saw the deceased alive on <b>3/2, 1951</b> , and that death occurred at <b>12 M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Florence K. Mac Innis</b> (Degree or title)				23b. ADDRESS <b>618 Professional Bldg</b>		23c. DATE SIGNED <b>3/6/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/3/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Columbia MO.</b>	
DATE REC'D BY LOCAL REG. <b>3-6-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; McClure</b>		ADDRESS <b>K. C. Mo.</b>	

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

Prof. Redd  
1 P.M. Mon

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.....

Max E. Meyer

Licensed Embalmer No. \_\_\_\_\_

4555

P. O. Address.....

K.C. WOO

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.