

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16542

State File No. ....

FILED JUN 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2199</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>→</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rough give location) <u>818 E. 10th St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>818 E. 10th St.</u>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u>		b. (Middle)		c. (Last) <u>GIPSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 18 1951</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 19th 1871</u>			
9. AGE (In years last birthday) <u>79</u>		10. YEAR MONTHS DAYS <u>79</u>		11. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Liberty, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Narrison Libbs</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Gipson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irene Stovall</u>		ADDRESS <u>818 E. 10th St</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
				ANECEDENT CAUSES DUE TO (b) <u>Senility</u>					
				DUE TO (c) <u>Secondary Anemia</u>					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fibromyoma Uteri, bleeding</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>nil</u>		20. AUTOPSY <u>116X</u>		YES <input type="checkbox"/> NO <input 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) (Minute)		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 <u>Jan</u> , 19 <u>51</u> , to <u>May 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 18</u> , 19 <u>51</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>James E. Mc Cormick</u> (Degree or title)				23b. ADDRESS <u>2025 Supt Post Office</u>		23c. DATE SIGNED <u>5/19/51</u>			
24a. BURIAL CREMATION (Specify)		24b. DATE <u>5/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>White Oak Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-22-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.B. Moore</u>		ADDRESS <u>1820 E. 18th St.</u>			

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

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.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4429

P. O. Address 1820 East 18th Kc

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.