

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4239 Registrar's No. 179

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 OR TOWN <u>Leis Summit</u>	c. LENGTH OF STAY (in this place) <u>40</u>	c. CITY OR TOWN <u>Leis Summit Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 So Johnson</u>		d. STREET ADDRESS (If rural, give location) <u>208 So Johnson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Franklin</u> c. (Last) <u>GIBSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24-52</u>
5. SEX <u>Mo</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 1-1884</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Mill</u>	11. BIRTHPLACE (State or foreign country) <u>Blue Springs Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>B. F. Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Stihwell</u>	13c. NAME OF HUSBAND OR WIFE <u>Lester Gibson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Don Gibson</u> ADDRESS <u>Leis Summit Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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 <u>8-20, 1952</u> to <u>8-24, 1952</u> , that I last saw the deceased alive on <u>8-24, 1952</u> , and that death occurred at <u>8:35 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or Title) _____		23b. ADDRESS _____	23c. DATE SIGNED <u>8-25-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leis Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Leis Summit Mo</u>
DATE REC'D BY LOCAL REG. <u>8-26-52</u>	REGISTRAR'S SIGNATURE <u>Donald Eastshaw</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Langford</u>	ADDRESS <u>Leis Summit Mo</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.

Student Embalmer No.....

Signed.....

M. B. Langford

Signed.....
Student Embalmer

Licensed Embalmer No. *3833*

P. O. Address *Lee's Summit*

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.