

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23-14

State File No.

FILED JUL 23 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2914

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. LENGTH OF STAY (in this place) 15 Yrs	c. CITY OR TOWN Kansas City,
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 4	
e. STREET ADDRESS (If rural, give location) 312 East 9 St. (Federick Hotel)			
3. NAME OF DECEASED (Type or Print) a. (First) Bess b. (Middle) Willis c. (Last) Gibbs		4. DATE OF DEATH (Month) (Day) (Year) 6 27- 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 12 1883
9. AGE (In years) 71 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country), Kearneyville West Virginia	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Millinary	
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME No Record	13b. MOTHER'S MAIDEN NAME No record	14. NAME OF HUSBAND OR WIFE Stonewall Jackson Gibbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	16. SOCIAL SECURITY NO. 127-18-1301	17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.O. Fields 310 Ry Exchange Bldg K.C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac dilatation		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis, severe		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) myocardial fibrosis		4201
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		20. AUTOPSY? YES <input checked="" 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Jack H. Hill (Degree or title) M.D.	23b. ADDRESS 3001 Wyandotte St K.C. Mo	23c. DATE SIGNED 27 Jun 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 29 1954	24c. NAME OF CEMETERY OR CREMATORY MASONIC	24d. LOCATION (City, town, or county) (State) Lafayette, Louisiana
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DATE REC'D BY LOCAL REG. 6-29-54	REGISTRAR'S SIGNATURE Gouldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funeral Home K.C. Mo.
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Dean Owens*

Licensed Embalmer No. *428*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.