

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27284
3428

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

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 OR TOWN KANSAS City	
c. LENGTH OF STAY (In this place) 50yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6726 AGNES AVENUE		STREET ADDRESS (If rural, give location) 6726 AGNES AVENUE	

3. NAME OF DECEASED (Type or Print) JESSIE		b. (Middle) MYRTLE		c. (Last) GIBBENS		4. DATE OF DEATH July 14, 1954	
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Dec 20, 1882	
9. AGE (In years last birthday) 71		10. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) JOHNSON Co., KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William F. BURGESS		13b. MOTHER'S MAIDEN NAME MARY JANE CANTRELL		14. NAME OF HUSBAND OR WIFE JEHU H. GIBBENS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JEHU H. GIBBENS	
				ADDRESS 6726 AGNES AVE. KANSAS CITY, 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) Carcinoma sigmoid		DUPLICATE		1 year	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Generalized Carcinomatosis		1 year	
19a. DATE OF OPERATION 10/18/53		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid & Metastases		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., floor 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 April, 1954, to 7-14, 1954, that I last saw the deceased alive on July 4, 1954, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. M. Ketchum M.D.		23b. ADDRESS K.C. Mo.		23c. DATE SIGNED 7-15-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-17-54		24c. NAME OF CEMETERY OR CREMATORY THORAH HILLS Cem		24d. LOCATION (City, town, or county) (State) KANSAS City, Mo.	
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DATE REC'D BY LOCAL REG. 7-17-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SON'S		ADDRESS K.C. Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. M. Ketchum M.D.

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.....
Richard L. Rogers

Licensed Embalmer No.....*495*

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.