

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8218

State File No. ....

FILED APR 14 1955

 BIRTH NO. 14339-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1007 Registrar's No. 1191

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>2624 Tracy</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>				d. STREET ADDRESS <u>2624 Tracy</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Valerie</u>			b. (Middle) <u>Denise</u>		c. (Last) <u>Gibbs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 9, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>March 9, 1955</u>		9. AGE (In years last birthday)	# UNDER 1 YEAR Months	# UNDER 12 HRS. Hours	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas City, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>Earl Houston Gibbs</u>			13b. MOTHER'S MAIDEN NAME <u>Erma Marie Butner</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Erma Marie Gibbs, Mother</u>				ADDRESS <u>2624 Tracy K.C. Mo.</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undetermined</u>						INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES DUE TO (b) <u>Partial pulmonary atelectasis</u>								
	DUE TO (c) <u>Prolapse of umbilical co</u>								
	11. OTHER SIGNIFICANT CONDITIONS <u>Prolapse of umbilical cord during the 2nd stage of labor (clinical)</u>								
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 <u>3-9-55</u> , 19 <u>55</u> , to <u>3-9-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>3-9-</u> , 19 <u>55</u> , and that death occurred at <u>10:30 p.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. H. Richardson</u>				23b. ADDRESS <u>MR 3526 Prospect</u>		23c. DATE SIGNED <u>14 Nov 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fields</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>					
DATE REC'D BY LOCAL REG. <u>3-16-55</u>		REGISTRAR'S SIGNATURE <u>new minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Am A Schuyler</u>		ADDRESS <u>K.C. MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Not Embalmed*

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Wm A. Schuyler*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address. *KE MD*

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.