

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26143**
 Registrar's No. **875**

FILED AUG 20 1956

REG. DIST. NO. **42**

PRIMARY REG. DIST. NO. **4052**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 4052		Registrar's No. 875	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Pottawatomie			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Agency Six Joseph (Town)		c. LENGTH OF STAY (In this place) 9 days		c. CITY OR TOWN Onaga		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				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) GUY			b. (Middle) KNIGHT		c. (Last) GIBBANY		4. DATE OF DEATH (Month) (Day) (Year) August 12, 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH February 14, 1891		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. pumper		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Albany, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Luther T. Gibbany		13b. MOTHER'S MAIDEN NAME Jessie Ora Knight		14. NAME OF HUSBAND OR WIFE Ollie Dale Bibbany			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 712-03-9170		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Guy Gibbany, Onaga, Kansas			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES DUE TO (b) Frequent attacks of Angina 3 yrs 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 4201				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 on 8/13, 1956 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 300 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H F Mundy (Coroner) M.D.				23b. ADDRESS St Joseph Mo		23c. DATE SIGNED 8/13/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/14/1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
DATE REC'D BY LOCAL REG. Aug 15, 1956		REGISTRAR'S SIGNATURE Lothar M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heston - Bowman St Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

15
485

AUG 21 1958

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 *William Spelling*.....

Licensed Embalmer No. 4535

P. O. Address 3195 11th St

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.