

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1956

30715

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1150

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, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>GRANDVIEW</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>		Length of stay in 1b <u>2 WEEKS</u>	d. STREET ADDRESS (If outside, give location) <u>14814 WHITE AVE</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARJORIE</u> Middle <u>H</u> Last <u>GIBSON</u>			4. DATE OF DEATH Month <u>SEPT</u> Day <u>20</u> Year <u>1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 19, 1910</u>	9. AGE (In years last birthday) <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRODUCTION MFG. WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COMMUNICATION ACCESSORIES</u>	11. BIRTH PLACE (City and state or country) <u>LINCOLN NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>CLIFF HART</u>			14. MOTHER'S MAIDEN NAME <u>OLGA RICHARD</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>495-09-9501</u>	17. INFORMANT <u>Robert F. Gibson</u> Address <u>14814 WHITE AVE GRANDVIEW MO.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma - body of pancreas with metastasis to supra-clavicular glands and the lungs. Confirmed by surgery and biopsy.</u> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <u>157 X</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9-4-56</u> <u>7:10</u> to <u>Sept. 20, 1956</u> and last saw her alive on <u>Sept 20, 1956</u> Death occurred at <u>7:10 p. m on the date stated above; and to the best of my knowledge, from the causes stated.</u>					
22a. SIGNATURE <u>Ralph Perry M.D.</u> (Degree or title)		22b. ADDRESS <u>4800 E. 24th Street; K.C. Mo.</u>		22c. DATE SIGNED <u>9-21-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>SEPT 22 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER</u> ADDRESS <u>1331 BRUSH ST K.C. MO.</u>		25. DATE RECD. BY LOCAL REG. <u>9-22-56</u>		26. REGISTRAR'S SIGNATURE <u>new minshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Ralph Perry

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

1951 ST 833

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 *Adrian Jay Stitt*

Licensed Embalmer No. *48*

P. O. Address *N.C., 16*

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.