

FILED OCT 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH34452
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rt 1 W. of City, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2509 Utica			Length of stay in lb 4 yrs		d. STREET ADDRESS 1 mile N. of W. of City, Mo		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Julia First M. Middle Gibbons Last				4. DATE OF DEATH Oct. 15, 1956 Month Oct. Day 15 Year 1956					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 16, 1870		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Month 10 Day 29	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Independence, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A		
13. FATHER'S NAME William JOHNSON				14. MOTHER'S MAIDEN NAME UNKNOWN					
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.		17. INFORMANT Cecil Gibbons 1302 W. 7th St. Webb City, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Arterio-sclerosis							INTERVAL BETWEEN ONSET AND DEATH Unknown		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 Month Day Year a. m. p. m. 									
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 Oct 4, 1956 to Oct 15, 1956 and last saw her/him alive on Oct 8, 1956 Death occurred at 10:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R. M. Strimant M.D.			(Degree or title)			22b. ADDRESS Webb City, Mo		22c. DATE SIGNED 10-15-1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-17-56	23c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		23d. LOCATION (City, town, or county) Carterville, Mo		(State)		
24. FUNERAL DIRECTOR Johnston-Arnce-Simpson Mortuary Webb City, Mo.				25. DATE RECD. BY LOCAL REG. 10-17-1956		26. REGISTRAR'S SIGNATURE Dovee Merriam			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

County File Number 56-10-820
Se Filed OCT 26 1956
Sealing Office

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 Harry B. Cruce

Licensed Embalmer No. 44

P. O. Address West City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.