

THE DIVISION OF HEALTH OF MISSOURI
FILED NOV 29 1956 STANDARD CERTIFICATE OF DEATH

State File No. **38393**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5570** Registrar's No. **579**

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give OR TOWN Near Levasy, Mo. township) c. LENGTH OF STAY (in this place) d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 24 highway 200 ft west of Jackson & Lafayette Co. line		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Independence d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 600 N. Liberty 7003	
3. NAME OF DECEASED a. (First) GERTRUDE b. (Middle) M. c. (Last) GIBBS (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1956	
5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug. 27, 1886 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days 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 Foreign Country) Mason City, Ill. 12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Watterman 13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE D. A. Gibbs (dec.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME D. A. Gibbs, Jr. Indep., Mo. ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) fracture Rt arm & Rt leg ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Contusion in head DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Not Performed	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, on highway, street, office bldg., etc.) Highway 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-21-56 4:35 P.M. 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Two Car Collision	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) James H. Owens, Registrar		23b. ADDRESS 1034 Quality Bldg 23c. DATE SIGNED 11-23-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 24, 1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 11-24-56		REGISTRAR'S SIGNATURE James H. Owens 25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell ADDRESS 310 N. Main	

NOV 26 1958

NOV 30 1958

DEC 6 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 *Henry S. Mitchell*

Licensed Embalmer No... 392

P. O. Address *Indep M*

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.