

Health,
Welfare
Public
Service

300
1-56

ATTENTION: No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Frank Paul, Laureanza

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4714
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 428

FILED FEB 18 1957

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Grain Valley Mo		7000 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long N.H. 1441 Indep			Length of stay in 1b Ave 6 Mo.			d. STREET ADDRESS (If outside, give location) Grainvalley		
3. NAME OF DECEASED (Type or print) William		First William		Middle Wilburn		Last Gibbons		
4. DATE OF DEATH Jan 27 1957		Month Jan		Day 27		Year 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1-17-1881 Jan 27 1957		
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming			11. BIRTHPLACE (City and state or country) Marion County, Missouri		
12. CITIZEN OF WHAT COUNTRY? U. S								
13. FATHER'S NAME Isaac Gibbons				14. MOTHER'S MAIDEN NAME Sarah Baldwin				
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. NONE		17. INFORMANT Mrs. Ina May Gibbons			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis 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 3 yrs 3yrs 4500		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) 0					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT <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 Grain Valley		COUNTY Jackson STATE Missouri		
21. I attended the deceased from 1-25-57 to 1-27-57 and last saw her alive on 1-27-57 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Frank Paul Laureanza M.D.				(Degree or title) D		22b. ADDRESS 428 S. Whitman		
22c. DATE SIGNED 1-27-57								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan 30 1957		23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City Missouri		
24. FUNERAL DIRECTOR FLORAL HILLS MEMORIAL CHAPEL INC K.C. MO			ADDRESS 1-29-57		25. DATE RECD. BY LOCAL REG. 1-29-57		26. REGISTRAR'S SIGNATURE Neva Minshall	

*Dr. L. C. ...
Memorandum
and ...*

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 *Everett L. Seel*

Licensed Embalmer No. *45*

P. O. Address *Kansas City*

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