

FILED APR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13135

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 1642

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 checked="" type="checkbox"/>	c. CITY OR TOWN Independence, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hospital				Length of stay in lb 25 yrs. 1 wk.		d. STREET ADDRESS Route No-4 (If outside, give location) 7000	
3. NAME OF DECEASED (Type or print) First Charles Middle Pratt Last Gipson				4. DATE OF DEATH Month April Day 7 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 Feb 19-1909		9. AGE (In years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY Steel work		11. BIRTHPLACE (City and state or country) Callio, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Eugene Gipson				14. MOTHER'S MAIDEN NAME Cella Wright			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World war #2		16. SOCIAL SECURITY NO. 497-10-6055		17. INFORMANT Address Frances Gipson (Wife) Route 4 Indp. 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) Fractured Body Penetrated of orbit + entered Brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 29 1/2	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) One of steel broke off of shear					
20c. TIME OF INJURY Hour 4-5 Month, Day, Year 57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, shop, etc.) Thiffled Street Kansas City					
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Jackson Mo		20g. COUNTY Missouri		20h. STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 3-P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner				22b. ADDRESS 1034 Walnut Bldg		22c. DATE SIGNED 4-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 10 1957	23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) Kansas City, Missouri.		23e. STATE (State)
24. FUNERAL DIRECTOR ADDRESS MRS C.E. FORSTER FUNERAL HOME INC. KC MO.				25. DATE RECD. BY LOCAL REG. 4-9-57		26. REGISTRAR'S SIGNATURE Neve Minchall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Hugh H. OwensHealth, & Welfare Public Service
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 casually related. Coroner cannot certify to a death due to natural causes. Securing the medical certificate in the specific manner required by 1929-1960-10-17-1971.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Virgil Herrick*.....
Licensed Embalmer No. 558

P. O. Address *H. C. Ma*.....

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