

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015778

FILED VS MAY 12 1960

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 116

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit		Length of stay in 1b 50 yrs.	c. CITY OR TOWN Lee's Summit Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 205 Wilson St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 205 Wilson St. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Charles Middle (Jack) Last Gibson			4. DATE OF DEATH Month May Day 6 Year 1960		
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 May 12, 1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General Labor	11. BIRTHPLACE (City and state or country) Grain Valley, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Benjeman Gibson		13b. MOTHER'S MAIDEN NAME Hattie Stillwell		14. NAME OF HUSBAND OR WIFE Letha Gibson	
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 Address Letha Gibson, Lee's Summit, 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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerotic Heart Dis.	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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 8-59 to 5-6-60 and last saw ^{her}him alive on 5-6-60
Death occurred at 4:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M.D. Durrell M.D. (Degree or title)	22b. ADDRESS 18 E. 3rd St Lee's Summit Mo.	22c. DATE SIGNED 5/7/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 9, 1960	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit, Cemetery	23d. LOCATION (City, town, or county) Lee's Summit, Mo.
24. FUNERAL DIRECTOR Langsford Funeral Home, Lee's Summit		25. DATE RECD. BY LOCAL REG. 5-7-1960	26. REGISTRAR'S SIGNATURE M.B. Langsford

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 7 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

D. B. Langford

Licensed Embalmer No. _____

P. O. Address _____

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