

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032244

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 4626

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 11 1963

VS 300 Rev. 4/59	1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF SHOULD READ	DOCUMENT
28450	2		
3			
4	1		
5	1		
6			
7	1		
8	1		
94200			
10			
11			
12660			
13			

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 5 DAYS	c. CITY OR TOWN LEAWOOD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3009 WEST 89th STREET. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAMIE Middle ELSIE Last GIBSON			4. DATE OF DEATH Month AUGUST Day 18th Year 1963
5. SEX FEMALE	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 4-4-1895
9. AGE (last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR 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 AT HOME	11. BIRTHPLACE (City and state or country) KANSAS CITY, KANSAS
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME WILLIAM MITCHUM	
13b. MOTHER'S MAIDEN NAME SADIE RIDDLE		14. NAME OF HUSBAND OR WIFE G WARREN 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. _____	
17. INFORMANT MR. G WARREN GIBSON,		3009 WEST 89th ST LEAWOOD, KANSAS	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of myocardium Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. Myocardial infarction Arteriosclerotic heart disease 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) _____			INTERVAL BETWEEN ONSET AND DEATH minutes 6 days unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) _____			
20c. TIME OF INJURY Hour _____ 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 8-13-63 , to 8-18-63 and last saw her ^{last} alive on 8-18-63 Death occurred at 4:40 P. _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. H. Slentz (Degree or title)		22b. ADDRESS 4320 Wornall Rd. K.S. 11, no. 8-19-63	
22c. DATE SIGNED 8-19-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-21-63	
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR FREEMAN MORTUARY		25. DATE RECD. BY LOCAL REG. 8-20-63	
26. REGISTRAR'S SIGNATURE Bessie Smith			

USE BLACK INK OR TYPEWRITER RIBBON

DR. SCIENTZ

4310 WORWALL

#348

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

J. H. Freeman

Licensed Embalmer No.

2939

P. O. Address

H. C. 2410.

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.