

FILED FEB 9 1943

Primary Registration District No. 5014

1424  
1424

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

1. PLACE OF DEATH:

(a) County Andrews  
(b) City or town Rural  
(c) Name of hospital or institution: \_\_\_\_\_  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrews  
(c) City or town Rural  
(d) Street No. Jefferson Sup.  
(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day Ninth  
year 1943 hour Five minute AA M.

21. I hereby certify that I attended the deceased from Dec 8, 1942, to Jan 9, 1943;

that I last saw him alive on JAN 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 Days

Due to Arteriosclerosis ?

Due to Chronic Endocarditis ?

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 929

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature Clifford L. Steidley M.D. or other SO  
Address Savannah Mo. Date signed 1/11/43

3. (a) PRINT FULL NAME John Thomas Gibbins

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margurite E. Gibbons 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased. Jan 12th 1864 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Andrew County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Edward R. Gibbins

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Ridgeway

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant George R. Leffers

(b) Address Savannah, Missouri

17. (a) Burial (b) Date thereof Jan 11 '43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cumberland Ridge

18. (a) Signature of funeral director Terhune & Clark

(b) Address Savannah, Missouri

19. (a) 1-11-43 (b) J.H. Fitchman (Date received local registrar) (Registrar's signature)

107.2

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Don Clark*

Licensed Embalmer No. ....

*7216*

P. O. Address.....

*Swannock*

**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 this body is not embalmed, fact should be so stated above.**