

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34080

State File No. ....

Registrar's No. 258

FILED NOV 13 1943  
Registration District No. 388

Primary Registration District No. 3006

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

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1510 Paris Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 60 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1510 Paris Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME ELLA GIBBS

3. (b) If veteran, name war..... None  
3. (c) Social Security No. None

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

6. (b) Name of husband or wife James T. Gibbs  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 10 - 29 - 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 28  
If less than one day hr. .... min.

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

10. Usual occupation At Home

11. Industry or business Jacob Fisher

12. Name Jacob Fisher

13. Birthplace Augusta County Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Allen

15. Birthplace Boncumbe County N. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Ned Gibbs

(b) Address 1510 Paris Rd., Columbia, Mo.

17. (a) Burial (b) Date thereof 10-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director Parson Funeral Service  
(b) Address Columbia, Mo.

19. (a) 10-29-43 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Oct. day 27  
year 1943 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from on 10-26  
1943 to 1943  
that I last saw him alive on 10-26- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Flu Pneumonia  
Duration 24 hr

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations.....  
Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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?.....  
(City or town) (County) (State)  
(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.....

23. Signature W. P. Dyson (M. D. or other)  
Address Columbia Mo Date signed 11-28

1 of 20

143

---

---

**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

  
.....  
Licensed Embalmer No. 413 R  
P. O. Address Columbia, S.C.

**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.**