

FILED NOV 13 1944

Primary Registration District No. 5018

Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County Andrew P. Platt Imp  
(b) City or town Andrew Platt  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 28 yrs. 1 (Specify whether)  
years, months or days)

3. (a) PRINT FULL NAME CHARLIE WILLIAM GIBBS

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

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 18 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Whitesville 0 MO  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

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

MOTHER FATHER { 12. Name Stephen Gibbs  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace No Record - 9 (City, town, or county) (State or foreign country)

16. (a) Informant Clifford D. Gibbs

(b) Address Meriville MO

17. (a) \_\_\_\_\_ (b) Date thereof Oct 24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitesville

18. (a) Signature of funeral director E. C. Fritch

(b) Address Savannah MO

19. (a) 10-23-44 (b) JH Fritchman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Whitesville  
(If outside city or town limits, write "RURAL")

(d) Street No. Platt Township  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him viewed the body alive on 10-22 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Sunshot wound Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
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) Suicide

(b) Date of occurrence October 22, 1944

(c) Where did injury occur? Whitesville, Andrew MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Home

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature Neva M. Steidley (M.D. or other) DO

Address Savannah, MO Date signed Oct 23

1012

**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..... *E. C. Breit* .....

Licensed Embalmer No... *2650* .....

P. O. Address *Lawrence, Mo.* .....

**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, above space should be left blank.