S. No. 2
12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1713

Registration District No. 187 Primary Registration District No. 3140 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 hrs. (Specify whether
In this community 17 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 500 West Blvd. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME GORDON WILLIAM BIBB
3. (b) If veteran, name war W.W. No. I
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Bibb
6. (c) Age of husband or wife if alive, or if dead, how long years
7. Birth date of deceased Feb. (Month) 16 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
49	11	5	— hr. — min.

9. Birthplace Ashley (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation Owner B+B Bar B.Q. Columbia, Mo.
11. Industry or business
12. Name Charles L. Bibb
13. Birthplace — (City, town, or county) Va. (State or foreign country) 1
14. Maiden name Cornelia J. Chandler
15. Birthplace — (City, town, or county) Va. (State or foreign country) 1
16. (a) Informant Charles Bibb
(b) Address COLUMBIA, MO
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Mo.
18. (a) Signature of funeral director Baker Funeral Home
(b) Address Columbia Mo.
19. (a) Jan-21-47 (Date received local registrar) (b) Frances O. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1947 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan. 20, 1947, to Jan. 21, 1947 that I last saw him alive on Jan. 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolism	3 hrs.
Due to Fractured Femur Rt. + Fract. Tibia + Fibula Lt.	14 hrs.
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) Accident - Auto 59
(b) Date of occurrence Jan. 20-47
(c) Where did injury occur? Utica Mo - Hic 36 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place or public place? Auto-Accident (Specify type of place)
While at work? no (e) Means of injury Auto 0
23. Signature Joseph A. Conrad (M. D. or other) M.D.
Address 517 Elm, Chillicothe, Mo. signed Jan 21-47

Corr. Jan-21-47 Feb 7 1947

(Licensed Embalmer's Statement on Reverse Side) Call - With other m. Valuch

MAR 18 1941

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.

DISTRICT HEALTH OFFICE
Cameron, Mo.

Signed.....

Licensed Embalmer No. 4191

P. O. Address Chillicothe, 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, fact should be so stated above.

1 copy sent 1-31-47

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Boone }

State File No. 14

Local Registrar's No. 10

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of January, 1947, before me appears Charles B. Bibb, who, upon oath, states that the original record of death for Gordon William Bibb died January 21, 1947, in the State of Missouri, and which was filed at Chillicothe, Mo. on Jan. 21, 1947, should be corrected as follows:

Item No. 3 (a) should read Gordon William Bibb

Instead of William Gordon Bibb

Item No. 16 (b) should read Columbia, Missouri

Instead of Chillicothe, Mo.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X Chas B. Bibb
Relationship.

806 Wonley St Columbia Mo.
Present Address.

Subscribed and sworn to before me this 30th day of January, 1947.

My Commission expires June 16, 1950

Virginia Green Notary Public.

V. S. 135
M-3-42
I X32339

FEB 7 1951

S-1713