

No. 2
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-17-39
x47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8013
Registrar's No. 100

FILED APR 2 1948

Registration District No. 47

Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Callaway Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway
(c) City or town Fulton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Larry Bert Giboney
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 25
year 1948 hour 4 00 minute _____ A.M.
21. I hereby certify that I attended the deceased from 3/24/48
_____, 19____, to 3/25, 1948
that I last saw him alive on 3/25, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased March 24 1948
(Month) (Day) (Year)
8. AGE: Years _____ Months 10 Days 10 If less than one day 12 hr. _____ min.

Immediate cause of death _____
Pneumonia (6 months duration)
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Callaway Co. Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Infant
11. Industry or business _____
12. Name Robert Owen Giboney
13. Birthplace Fulton, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Florence C. Blansett
15. Birthplace Callaway Co. Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Robert Owen Giboney
(b) Address Fulton, Missouri
17. (a) Burial (b) Date thereof 3/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 712 Court St. Fulton, Mo.
19. (a) 3-25-48 (b) Jesse M. Moseley
(Date received local registrar) (Registrar's signature)

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 _____
Signature Henry D. Drost (M. D. or other) MD.
Address Fulton, Mo. Date signed 3/25/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 31 1948

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 Theodore Skinn, Jr., Registered Apprentice No. 55 working under my personal supervision.

Signed Glen Y. Maupin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.