S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 8 1948

Registration District No. 132

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16084

Primary Registration District No. 3021

Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy 40
(c) City or town Bruman 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jackie Dean Gibler
3. (b) If veteran, name war —
3. (c) Social Security No. None
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 30 (Day) 1948 (Year)

8. AGE: Years — Months — Days — If less than one day — hr. 12 min.

9. Birthplace Trenton (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Baby
11. Industry or business —
FATHER
12. Name Donald Gibler
13. Birthplace Grundy Co (City, town, or county) Mo O (State or foreign country)
MOTHER
14. Maiden name Lois Williams
15. Birthplace Grundy Co (City, town, or county) Mo O (State or foreign country)
16. (a) Informant Donald Gibler
(b) Address Trenton, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 1, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton Cemetery, Mercer Co Mo.
18. (a) Signature of funeral director Lorne A Davis
(b) Address Trenton Mo.
19. (a) 5/1/48 (Date received local registrar) (b) Irene Farr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1948 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from April 30, 1948, to April 30, 1948; that I last saw him alive on April 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Birth	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 15	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C H Cullers (M. D. or other) MD
Address Trenton, Mo. Date signed 5-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. 3424

P. O. Address Trenton 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.