

FILED JUL 13 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21903**

Registration District No. **391**

Primary Registration District No. **6153**

Registrar's No. **8**

1. PLACE OF DEATH

(a) County **Stoddard**
(b) City or town **Addeles Pike**
(c) Name of hospital or institution: **none**
(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 **Stoddard**
(c) City or town **Addeles Rural**
(If outside city or town limits, write "RURAL") **103**
(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

ABE GIBBS

3. (b) If veteran, name war _____

none

3. (c) Social Security No.

489-12-3302

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Dora Gibbs**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **Feb. 10, 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **11** **18** hr. min.

9. Birthplace **Harrisburg Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Spelman Worker**

11. Industry or business **Railroad**

12. Name **Columbus Gibbs**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Dora**

15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dora Gibbs**

(b) Address **Addeles Mo**

17. (a) **Burial** (b) Date thereof **Jan 30, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Small Hill Cem**

18. (a) Signature of funeral director **Paul S. Moran**
(b) Address **Addeles Mo**

19. (a) **6-20-48** (b) **Bennett Moran**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **28** year **1948** hour **5** minute **A.M.**
21. I hereby certify that I attended the deceased from **1947** to **Jan 28, 1948** that I last saw him alive on **Jan 26, 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **932**
Of autopsy _____

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 **C.C. Mestas** (M. D. or other) **Dr.**
Address **Addeles Mo** Date signed **Jan 28, 1948**

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

RECEIVED
District Health Office No
District File Number 248-4
Date Filed 7-12

NOV 30 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.....

Floyd S. Morgan, Jr. Registered Apprentice No. 430
working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 03361

P. O. Address Advocate, N

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.