

No. 300
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5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948
Registration District No. 58

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35847

State File No. _____
Registrar's No. 358

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community All of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi **67**
(c) City or town Charleston, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 miles North
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bernard Vincent Gibbear

3. (b) If veteran, name war Not Known 3. (c) Social Security No. None Known

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie Gibbear, Dec'd. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 24 hr. min.

9. Birthplace Perry County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business None

MOTHER FATHER { 12. Name John Gibbear
13. Birthplace Perry county, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Luisa (Not Known)
15. Birthplace Perry County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Scheffer

(b) Address Charleston, R#2

17. (a) Burial (b) Date thereof 11-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary-Charleston, Mo.

18. (a) Signature of funeral director Joe P. Nunnallee

(b) Address Charleston, Missouri.

19. (a) 11-17-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 20th
year 1948 hour 1:00 minute 45 AM.

21. I hereby certify that I attended the deceased from 10/26
1948 to 11/10, 1948
that I last saw him alive on 11/9/48
and that death occurred on the date and hour stated above.

Immediate cause of death thromb
Due to generalized arteriosclerosis & nephritis
Due to and senility

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) _____
(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)
(c) Means of injury _____

23. Signature J. H. Kern (M.D. or other)
Address Cape Girardeau, Mo. Date signed 11/16/48

RECEIVED

Health Officer No. 4

File Number 1148-143

Date Filed 11-22-48

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 Joe R. Nunnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.