

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 22 1949

No. 300
10-48

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

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 322 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>HOWARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAYETTE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CHARTITON</u>	
c. LENGTH OF STAY (In this place) <u>5 months</u>		d. STREET ADDRESS (If rural, give location) <u>3 MILES S.E. GLASGOW</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEE HOSPITAL</u>		3. NAME OF DECEASED a. (First) <u>MARTHA</u> b. (Middle) <u>LEE</u> c. (Last) <u>GIBBS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 25 1949</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>APR 5, 1870</u>		9. AGE (In years last birthday) <u>79</u> Months <u>4</u> Days <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
11. BIRTHPLACE (State) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES A. WALDEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ROBERTSON</u>	
14. NAME OF HUSBAND OR WIFE <u>CHARLIE GIBBS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NONE</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charlie Gibbs</u> ADDRESS <u>Glasgow</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1/42</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>March</u> , 19 <u>49</u> , to <u>Aug 25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 25</u> , 19 <u>49</u> and that death occurred at <u>5 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Fayette MO</u>	
23c. DATE SIGNED <u>8-26-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>8-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Glasgow MO</u>		DATE REC'D BY LOCAL REG. <u>8-30-49</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Glasgow MO</u>	

RECEIVED SEP 8

District Health Officer No. 8,

District File Number.....

Photo Filed 9-21-49

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.....

Student Embalmer No.

working under my personal supervision.

Signed J. Walker Audsley

Licensed Embalmer No. 3336

Signed.....
Student Embalmer

P. O. Address Glasgow, Ill.

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.