

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41814

BIRTH NO. _____		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>5819</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage Township</u>		c. LENGTH OF STAY (in this place) <u>9 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Osage Township</u>		11	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 Mi. South Versailles</u>				d. STREET ADDRESS (If rural, give location) <u>15 Mi. S. Versailles, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>		b. (Middle) <u>Wells</u>		c. (Last) <u>Gibbins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31, 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 4, 1880</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (In years last birthday) <u>69</u> 10. UNDER 1 YEAR Days <u>11</u> 11. UNDER 1 MRS. Hours <u>27</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Shenandoah, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Humphrey Wells</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Dunkin</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Gibbins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ida Robinson Versailles, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Indefinite</u> <u>"</u> <u>331X</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) (Min.)		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>Dec 29, 1949</u> , to <u>Dec 31, 1949</u> , that I last saw the deceased alive on <u>Dec 29, 1949</u> , and that death occurred at <u>11:15 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ruth Kaufman M.D.</u>				23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>1-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefont Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Fresno, California</u>	
DATE REC'D BY LOCAL REG. <u>Jan 3-1950</u>		REGISTRAR'S SIGNATURE <u>L. L. Washburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Curdall Versailles, Mo.</u>			

Per Vera O. Kidwell, Dep.  
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-49-157

Date Filed 1-9-52

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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.

Student .....  
Student Embalmer

Signed Raymond C. Lister  
Licensed Embalmer No. H 626

P. O. Address Versailles, 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.