

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12445

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5386 Registrar's No. 25

0330

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

0330

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1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Norman, Twp.</u>	c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Norman Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Emma</u> c. (Last) <u>Gibbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April, 17, 1950</u>
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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>Aug., 25, 1875</u>	9. AGE (In years last birthday) <u>74</u>	# UNDER 1 YEAR Months <u>7</u> Days <u>22</u>	# UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Salem, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel Tune</u>	13b. MOTHER'S MAIDEN NAME <u>Almeda Reddenhour</u>	14. NAME OF HUSBAND OR WIFE <u>William R. Gibbs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glen Gibbs</u>	ADDRESS <u>Salem, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypernephroma</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>interosclerosis, cardiac disease, pneumonia 7 days</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>180X</u>
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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?
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22. I hereby certify that I attended the deceased from 5-24-1946 to 4-17-1950, that I last saw the deceased alive on 4-14-1950, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M.M. Hart, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>4-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April, 18, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tune Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-17-50</u>	REGISTRAR'S SIGNATURE <u>M.M. Hart, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hobson & Hawthorn, Salem, Mo.</u>	ADDRESS
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RECEIVED

4-24-50

District Health Officer No. 5,

District File Number

5-50 247

Date Filed

5-2-50

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

Marshall C. Blackwell

Licensed Embalmer No.

4713

P. O. Address

Salem, 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.