

FILED JAN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 818

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - ROBERTSON TWP. 0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2139 N. Lyon</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 5 Springfield</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>	b. (Middle) <u>Walter</u>	c. (Last) <u>Giboney</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 20 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 10 1873</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>77</u>
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10a. USUAL OCCUPATION (Give kind of work done during former of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Giboney</u>	13b. MOTHER'S MAIDEN NAME <u>Angeline Boone</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. C. Kelone Springfield</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia, acute</u>	DUE TO (b) <u>Arteriosclerosis, at least 3 yrs.</u>	
	DUE TO (c) <u>Cerebrovascular accident</u>		<u>2 mo. ago</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331 X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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 13 Nov 51, 1951, to 20 Jan, 1951, that I last saw the deceased alive on 20 Jan, 1951, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James S. Knack MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>1625 N. Jefferson Springfield</u>	23c. DATE SIGNED <u>22 Jan 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 22, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Comfort Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>8mi. North Of Springfield</u>
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DATE REC'D BY LOCAL REG. <u>1/22/51</u>	REGISTRAR'S SIGNATURE <u>W.E. Landly u.D. 111</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. W. Klingner & Co. Springfield</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

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working under my personal supervision.

Student Embalmer No.

Signed

Max Rhodes

Signed.....

Student Embalmer

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.