

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40382

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>Scott</u> <u>1103</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morley</u> <u>1000</u>	
c. LENGTH OF STAY (in this place) <u>27 Days</u>		d. STREET ADDRESS (If rural, give location) <u>—</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Delta Community Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Irvin</u> (Type or Print)		b. (Middle) <u>—</u>	
c. (Last) <u>Gibbs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 - 4 - 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-26-1886</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Caretaker</u>	11. BIRTHPLACE (State or foreign country) <u>Crowder, Missouri</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>of Churches</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>	
13a. FATHER'S NAME <u>Sam Gibbs</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Comstock</u>	
14. NAME OF HUSBAND OR WIFE <u>Allie Gibbs</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Allie Gibbs - Box 125 - Morley, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(Scirrhus) carcinoma of stomach.</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Metastatic carcinoma of liver.</u> <u>Carcinoma of mesenteric lymph nodes.</u>					
19a. DATE OF OPERATION <u>10-15-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cf. above.</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>151X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 10-8, 1951, to 11-4, 1951, that I last saw the deceased alive on 11-4, 1951, and that death occurred at 10:18 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wilson J. Argue, M.D.</u>		23b. ADDRESS <u>217 South Kingshighway - Sikeston, Missouri</u>		23c. DATE SIGNED <u>11-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-6-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Morley</u>	
24d. LOCATION (City, town, or county) (State) <u>Morley Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Hunter</u>		24f. ADDRESS <u>Bisphinghatt Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>11-6-51</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Hunter</u>		24g. CHARGE <u>Charge</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 13 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1157-23

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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 \_\_\_\_\_

*Oliver O. Smith*

Licensed Embalmer No. 4470

P. O. Address Illinois, 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.