

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7638

State File No. ....

FILED APR 7 1952

BIRTH NO. 12959 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ANCELL</b>	
c. LENGTH OF STAY (in this place) <b>9 hours</b>		<b>1000</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST FRANCIS HOSP</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>THERESA</b>	b. (Middle) <b>ANN</b>	c. (Last) <b>GIBBS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 22, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>March 22, 1952</b>	9. AGE (in years last birthday) <b>0</b>	IF UNDER 1 YEAR <b>0</b> Months <b>0</b> Days	IF UNDER 11 HRS. <b>9</b> Hours <b>-</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-- --</b>	11. BIRTHPLACE (State or foreign country) <b>Cape Girardeau, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Samuel R Gibbs</b>	13b. MOTHER'S MAIDEN NAME <b>Henrietta Miller</b>	14. NAME OF HUSBAND OR WIFE <b>-- --</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>S. R. Gibbs</b>	ADDRESS <b>Ancell, Missouri</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Accident Atelectasis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Prematurity</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7625</b>	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) (Min.)	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 3/22, 1952, to 3-22, 1952, that I last saw the deceased alive on 3-22, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. J. Kerbeck, M.D.</b>	23b. ADDRESS <b>Cape Girardeau, Mo.</b>	23c. DATE SIGNED <b>4/3/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 24, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST AUGUSTINE'S</b>	24d. LOCATION (City, town, or county) (State) <b>KELSO, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>4-3-52</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Diptych Funeral Home</b>	ADDRESS <b>Illmo, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1164

**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 *William Clement*

Licensed Embalmer No. 4470

P. O. Address *Illms, Nw*

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.