

FILED APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8012

BIRTH NO. _____		REG. DIST. NO. 124		PRIMARY REG. DIST. NO. 2000		Registrar's No. 342		
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY STONE				
b. CITY (If outside corporate limits, write RURAL and give town) SPRINGFIELD		c. LENGTH OF STAY (in this place) 5 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) "RURAL" HURLEY 1040				
d. FULL NAME OF HOSPITAL OR INSTITUTION BAPTIST HOSPITAL				d. STREET ADDRESS (If rural, give location) RT. # 2, CRANE				
3. NAME OF DECEASED (Type or Print), a. (First) SARAH			b. (Middle) JANE		c. (Last) GIBBS		4. DATE OF DEATH (Month) (Day) (Year) APRIL 7 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPT. 18-1869		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CARIO - ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME JOHN L. OCHHRAN		13b. MOTHER'S MAIDEN NAME FRANCES L. GOSKI		14. NAME OF HUSBAND OR WIFE W. H. GIBBS				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ADALINE WOODS 909 N. GRANT, SPRINGFIELD, MO.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Arteriosclerosis 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.					INTERVAL BETWEEN ONSET AND DEATH 3 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221				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)		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 Sept 1948, to April 1952, that I last saw the deceased alive on 6 April, 1952, and that death occurred at 7:15 A. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Karl J. Leidinger, Jr. M.D.				23b. ADDRESS Republic, Mo		23c. DATE SIGNED 4-9-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 9-1952	24c. NAME OF CEMETERY OR CREMATORY HIGHLANDVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) HIGHLANDVILLE MO.			
DATE REC'D BY LOCAL REG. 4-11-52		REGISTRAR'S SIGNATURE James R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John ...				

(Licensee's Statement on Reverse Side)

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

0396
0

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clover, 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.