

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21378

State File No.

FILED JUN 27 1952

REG. DIST. NO. 267 PRIMARY REG. DIST. No. 3049 Registrar's No. 92

781

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

1. PLACE OF DEATH a. COUNTY <u>Remick</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Remick</u>	
b. CITY OR TOWN <u>Hayti</u>		c. CITY OR TOWN <u>Cotes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hosp</u>		d. STREET ADDRESS <u>0</u>	
3. NAME OF DECEASED a. (First) <u>Rosa</u> b. (Middle) <u>Gibbs</u> c. (Last) <u>Gibbs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-3-52</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-9-1876</u>
9. AGE (In years last birthday) <u>75</u> Months <u>6</u> Days <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hollywood Ark</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J.C. Lucelle</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Deason</u>		14. NAME OF HUSBAND OR WIFE	
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>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>E.B. Gibbs</u>		ADDRESS <u>Danilton Ark</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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Gen Arteriosclerosis</u> <u>5 yr</u>	
DUE TO (c)		DUE TO (c) <u>Hypertrophic Arthritis</u> <u>3 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrrophic Arthritis</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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 <u>31 MAY</u> , 1952 to <u>3 June</u> , 1952, that I last saw the deceased alive on <u>3 June</u> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E.L. Taylor, MD</u> (Degree or title)		23b. ADDRESS <u>Hayti, Mo.</u>	
23c. DATE SIGNED <u>6/3/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-3-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hollywood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Hollywood Ark</u>	
DATE REC'D BY LOCAL REG <u>6-20-52</u>		REGISTRAR'S SIGNATURE <u>John W. Gorman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gorman and Co.</u>		ADDRESS <u>Stueb Mo</u>	

6-52-192

Rec.

JUN 26 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John W German

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.