

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**5625**

State File No. ....

**FILED MAR 3 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 23

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Howard</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (In this place) <u>4 Mos.</u>		d. STREET ADDRESS: (If rural, give location) <u>404 Otto Ct.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Gladys</u> b. (Middle) <u>Alma</u> c. (Last) <u>Schnell Gibb</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb. 20, 1953</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 21, 1905</u>	<b>9. AGE</b> (In years last birthday) <u>48</u>	<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Garment worker</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Ar-Cell</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Boone County Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Constantine Wm Schnell</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Emma Mae Allen</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Roy S. Gibb, Deceased</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <u>494-22-3945</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mary K. Shell, Fayette, Mo</u>	

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 hr</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma cervix</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>widespread metastasis</u> DUE TO (c) <u>Secondary anemia</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>171X</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** Sept, 1952, to Feb 20, 1953 that I last saw the deceased alive on Feb 20, 1953, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Name or title) <u>M. Shell</u>	<b>23b. ADDRESS</b> <u>Fayette Mo.</u>	<b>23c. DATE SIGNED</b> <u>2-26-56</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Feb. 22, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park</u>
		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Columbia, Missouri</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>2-26-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mary K. Shell</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Willet Funeral Home</u>	<b>ADDRESS</b> <u>Columbia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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APR 15 1953

EST L.A.M.

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 Lynman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia

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.