

STANDARD CERTIFICATE OF DEATH

State File No. 9308

FILED MAR 20 1953

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cardwell, Mo. 0350	
c. LENGTH OF STAY (In this place) 1 Hr.		d. STREET ADDRESS (If rural, give location) Gen. Del. 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dunklin County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) J.	c. (Last) Gibbs.	4. DATE OF DEATH (Month) (Day) (Year) 2-18-1953
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15 1887	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR Months 9	11. UNDER 100 Hrs. Days 3	12. CITIZEN OF WHAT COUNTRY? USA.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Feed Dealer	11. BIRTHPLACE (City and State or Foreign Country) Gold Dust, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME J.G. Gibbs	13b. MOTHER'S MAIDEN NAME Callie Baker	14. NAME OF HUSBAND OR WIFE Mrs. Nettie Gibbs
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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 Mrs. Nettie Gibbs (Wife) ADDRESS Cardwell, Mo.
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18. CAUSE OF DEATH Enter 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	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)	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 11-30, 1951, to 2-18, 1953, that I last saw the deceased alive on 2-18, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. W. English M.D.	(Degree or title) 0	23b. ADDRESS Cardwell, Mo.	23c. DATE SIGNED 3-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-22-1953	24c. NAME OF CEMETERY OR CREMATORY Cardwell Cem.	24d. LOCATION (City, town, or county) (State) Cardwell, Mo.
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DATE REC'D BY LOCAL REG. 3-18-53	REGISTRAR'S SIGNATURE Carl Husband	25. FUNERAL DIRECTOR'S SIGNATURE Roy Albright - secy.	ADDRESS Home, Jonesboro, Ark.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-18-53

COUNTY FILE NUMBER 353 - 28

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 _____

Licensed Embalmer No. 895

P. O. Address Jonesboro Ark.

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.