

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

**38176**

State File No. ....

FILED DEC 1-1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 191

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> c. LENGTH OF STAY (in this place) <u>12 hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> d. STREET ADDRESS (If rural, give location) <u>727 W. Love St.</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>Ella Marie</u> b. (Middle) <u>Middleton</u> c. (Last) _____ (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 25 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>Widow</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 2, 1900</u>	<b>9. AGE</b> (In years last birthday) <u>53</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Asst. Manager</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Life Ins. Co.</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Mexico, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>

<b>13a. FATHER'S NAME</b> <u>Edgar S. Gibbs</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ella Jessie</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>491-05-7373</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Dr. E. J. Gibbs</u> <u>Mexico, Mo.</u>
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<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, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral hemorrhage, hemiplegia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive Cardio Renal Disease</u> DUE TO (b) _____ DUE TO (c) _____		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 hrs</u>  <u>15 yrs</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>442X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<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) (Min.)	<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 11/24, 1953, to 11/25, 1953, that I last saw the deceased alive on 11/24, 1953, and that death occurred at 3:55 a.m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>M. Kallenbach M.D.</u>	<b>23b. ADDRESS</b> <u>Mexico, Missouri</u>	<b>23c. DATE SIGNED</b> <u>11/27/53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>11/27/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Elmwood</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Mexico, Missouri</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>Nov 22 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Blanche Neely</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>W. C. Curd</u> <u>Mexico</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
V. 10.48

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

*Clara Amold*

Licensed Embalmer No. *3569*

P. O. Address *Mexico 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.