

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12676

State File No. ....

0620  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>5756</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Maries</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Rural Jefferson)</u>		c. LENGTH OF STAY (in this place) <u>township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Rural Jefferson) Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>0620</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Gibbons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 8 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 22, 1879</u>	
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>8</u>		11. DAYS <u>10</u>		12. HOURS <u>10</u> MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Edward Gibbons</u>			13b. MOTHER'S MAIDEN NAME <u>Martha McMillian</u>			14. NAME OF HUSBAND OR WIFE <u>Ielda M.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Cordsmeyer, St. James, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>		ANTECEDENT CAUSES					<u>Minute</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Auricular fibrillation, chronic</u> <u>years</u>					
		DUE TO (c) <u>Arteriosclerotic heart disease</u> <u>years</u>					
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					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)		4200	
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>Mar 23</u> , 19 <u>54</u> , to <u>Apr. 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Mar 26</u> , 19 <u>54</u> , and that death occurred at <u>4:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. L. Royal, M.D.</u> (Degree or title)				23b. ADDRESS <u>Belle, Mo.</u>		23c. DATE SIGNED <u>4-10-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 11 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Skaggs Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Maries Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-14-54</u>		REGISTRAR'S SIGNATURE <u>Pauline Howard</u> 188-		FUNERAL DIRECTOR'S SIGNATURE <u>Gene Gohr</u> ADDRESS <u>St. James, Mo.</u>			

NOV 17 1955

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.....

*C. Jesse Gehr*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4486*

P. O. Address *St. James, 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.