

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27389

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Missouri		b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Randolph		c. CITY OR TOWN Bland		c. LENGTH OF STAY (in this place) 3 Wks.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elvins R.F.D. No. 1		e. STREET ADDRESS -----		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) J. b. (Middle) Ralph c. (Last) Gibbons			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1955		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 14, 1871	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Days 0 Hours 20	IF UNDER 24 HRS. Hours 0 Min.
-----------------------	----------------------------------	--	--	--	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Gasconade County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	---

13a. FATHER'S NAME Kam Gibbons	13b. MOTHER'S MAIDEN NAME Margaret Burchard	14. NAME OF HUSBAND OR WIFE Lela Gibbons
--	---	--

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 Jim Wells	ADDRESS Elvins, Mo. R.F.D. #1
---	--	---	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 8 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Heart Disease		DUE TO (c) Arteriosclerotic		Months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				10-15 Years

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) Leadwood, Mo. Gasconade (Mo.)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. Sept. 4, 1955, 1:20P	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 **Sept. 4, 1955**, to **Sept. 4, 1955**, that I last saw the deceased alive on **Sept. 4, 1955**, and that death occurred at **1:20P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. M. Beck, Jr.	23b. ADDRESS D.O. of Leadwood, Mo.	23c. DATE SIGNED 9-5-55
--	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 6, 1955	24c. NAME OF CEMETERY OR CREMATORY Clevesville Cemetery	24d. LOCATION (City, town, or county) (State) Gasconade County, Mo.
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. Sept. 5, 1955	REGISTRAR'S SIGNATURE Ethel Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE Beit L. Beyer	ADDRESS Leadwood, Mo.
--	---	--	---------------------------------

(Licensed Embalmers' Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *William E. Boyer*.....

Licensed Embalmer No. *47*.....

P. O. Address *Ledwood*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.