

STANDARD CERTIFICATE OF DEATH

16185

FILED JUN 12 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Chanton Twpshp.</u>	
c. LENGTH OF STAY (in place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/4 S.E. of Glasgow</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>EDGAR</u> c. (Last) <u>Gibbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1956</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr. 26, 1865</u>		9. AGE (In years, last birthday) Months Days <u>91</u>		10. UNDER 1 YEAR 11. UNDER 1 HOUR 12. UNDER 1 MIN.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13. FATHER'S NAME <u>Peter Dent Gibbs</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Anne Warden</u>		13. NAME OF HUSBAND OR WIFE <u>Walter Walden Gibbs</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>not available</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Blue Gibbs</u>		ADDRESS <u>Glasgow Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				<u>4 years</u>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		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) <u>331x</u>	
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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 June 1954, to May 23, 1956, that I last saw the deceased alive on May 22, 1956, and that death occurred at 5-6 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm J. Shaw</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fayette Mo.</u>		23c. DATE SIGNED <u>5-26-56</u>	
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24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 25, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Glasgow Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5-26-56</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Walden-Fremont</u>		ADDRESS <u>Glasgow Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

36

OCT 23 1956

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.....
Student Embalmer

Signed

E. W. Freimuth

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.