

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33340

State File No.

FILED OCT 29 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 456

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Risco</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>121</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Gibbs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14, 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>married</u>	8. DATE OF BIRTH <u>Nov. 18, 1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian of School</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Hawesville, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Gibbs</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Pyle</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Vanduser</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VAN GIBBS</u> ADDRESS <u>RISCO, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>3 da</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>transcranial fracture right femur</u> DUE TO (c) <u>Coronary artery Heart disease</u>		<u>26 da</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, Hemiplegia, old, Cerebral Hemorrhage</u>		<u>3 yrs</u>	<u>3 yrs</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Transcranial fracture right femur 334XF</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Risco New Madrid Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 18 1956 am</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell from bed at home</u>
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22. I hereby certify that I attended the deceased from Sept 18, 1956 to Oct 14, 1956, that I last saw the deceased alive on Oct 13, 1956, and that death occurred at 3:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas S. Ottman</u>	23b. ADDRESS <u>1912 Broadway, Cape Girardeau</u>	23c. DATE SIGNED <u>10/18/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 15, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morley</u>	24d. LOCATION (City, town, or county) (State) <u>Morley Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-22-56</u>	REGISTRAR'S SIGNATURE <u>T. S. Ottman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Day Funeral Home</u> ADDRESS <u>Malden, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 30 1947

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

J. E. Shannon

Licensed Embalmer No. 4086

P. O. Address Malden

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.