

STANDARD CERTIFICATE OF DEATH

14276

STATE FILE NUMBER

FILED APR 17 1957

Registration District No. 292 Primary Registration District No. 4436 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Ralls,</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ralls,</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>New London, Missouri.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>New London, Missouri.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>New London, Mo.</b>			Length of stay in lb <b>20Yrs</b>			d. STREET ADDRESS <b>0870 0</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>JULIA C. GIBBS</b>				4. DATE OF DEATH <b>April 1, 1957</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 24, 1880</b>		9. AGE (In years last birthday) <b>75</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Ralls Co., Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William Lively</b>				14. MOTHER'S MAIDEN NAME <b>Anne Howard.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs Fay Davis, Hannibal, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adeno - Carcinoma</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Breast Cancer (Right)</b> DUE TO (c) <b>Unknown</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b> <b>1 year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>Abnormal</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY <b>Hour 4:30 p. m.</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>April 10<sup>th</sup> to April 1<sup>st</sup> 1957</b> and last saw her <b>alive</b> on <b>April 1<sup>st</sup> 1957</b> Death occurred at <b>9:35</b> P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>C. H. Brooks</b>				22b. ADDRESS <b>D.O. 2 Center, Missouri.</b>		22c. DATE SIGNED <b>4-4-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-4-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery,</b>		23d. LOCATION (City, town, or county) (State) <b>Center, Missouri.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Clyde Wilbey, Perry, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>4-4-1957</b>		26. REGISTRAR'S SIGNATURE <b>Clyde Wilbey.</b>		

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the Spectro-manner required by the State of Missouri.

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