

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23700

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 460

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Essex</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>R. 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Patrick</b>	b. (Middle) <b>Stephen</b>	c. (Last) <b>Gibbs</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 5, 1957</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>child</b>	8. DATE OF BIRTH <b>Oct. 30, 1952</b>	9. AGE (In years last birthday) <b>4</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 12 MOS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>child</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Edison D. Gibbs</b>	13b. MOTHER'S MAIDEN NAME <b>Doris M. Weaver</b>	14. NAME OF HUSBAND OR WIFE <b>child</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>X X X X X X X X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Doris Gibbs</b>	ADDRESS <b>Essex, Mo. R. 2</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia -</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>diffuse bilateral</b> DUE TO (c)		
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? <b>2</b> 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) <b>490X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **7-4**, 1957, to **7-5**, 1957, that I last saw the deceased alive on **7-5**, 1957, and that death occurred at **11:20** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. L. ...</b>	(Degree or title)	23b. ADDRESS <b>Poplar Bluff, Mo</b>	23c. DATE SIGNED <b>7-12-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7-12-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bloomfield cemetery</b>	24d. LOCATION (city, town, or county) (State) <b>Bloomfield, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/20/57</b>	REGISTRAR'S SIGNATURE <b>W. L. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins &amp; Sons</b>	ADDRESS <b>Dexter, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

409-2

RECEIVED

JUL 22 1967  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

JUL 25 1967

**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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.