ept. Health,
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Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 9 1957

STANDARD CERTIFICATE OF DEATH

'57 027473
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 311

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN: Columbia — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): University Medical Center — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Caldwell
c. CITY OR TOWN: Breckenridge — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt #2 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elizabeth Middle: Josephine Last: Gibbs

4. DATE OF DEATH: Month 8 Day 30 Year 57

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 9-30-1916
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Sampsel Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Harve W. Reeger
13b. MOTHER'S MAIDEN NAME: Gertrude Samome
14. NAME OF HUSBAND OR WIFE: Carl J. Gibbs — Address: Breckenridge Mo Rt 2

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Hospital Record — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hypoxia — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Staphylococcal pneumonia — 10 days
DUE TO (c): Staphylococcal septicemia 053.1 — 3 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Staphylococcal (aortic) endocarditis with congestive heart failure; brain abscess
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-17-57 to 8-30-57 and last saw her alive on 8-30-57
Death occurred at 6 50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Diane Brukardt, M.D. (Degree or title)
22b. ADDRESS: Missouri University Hospitals
22c. DATE SIGNED: 8-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-31-57
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill
23d. LOCATION (City, town, or county) (State): Breckenridge Mo.

24. FUNERAL DIRECTOR: Sherman Funeral Home — ADDRESS: Chillicothe Mo
25. DATE RECD. BY LOCAL REG.: Aug 31 1957
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 .....

Licensed Embalmer No. 4425

P. O. Address Columbia, M

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.