

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009374
State File No.

FILED APR 15 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) - a. STATE Washington b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give town) Salem		c. CITY OR TOWN Chehalis	
c. LENGTH OF STAY (in this place) 17 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION East F street		e. STREET ADDRESS (If rural, give location) rt 1 box 227	

3. NAME OF DECEASED (Type or Print) a. (First) H. Leslie b. (Middle) _____ c. (Last) Gibbs			4. DATE OF DEATH (Month) (Day) (Year) April 8 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan 20 1892	9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) operating eng.		10b. KIND OF BUSINESS OR INDUSTRY construction		11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo	
12. CITIZEN OF WHAT COUNTRY? A					

13a. FATHER'S NAME James M Gibbs		13b. MOTHER'S MAIDEN NAME Mary E. Hight		14. NAME OF HUSBAND OR WIFE Geraldine Gibbs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. 355-18-2230		17. INFORMANT'S SIGNATURE OR NAME Mrs H. Leslie Gibbs ADDRESS Chehalis Wash	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac accident			INTERVAL BETWEEN ONSET AND DEATH 3 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
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22. I hereby certify that I attended the deceased from **4-7-58** to **4-8-58**, 19**58**, that I last saw the deceased alive on **4-8-58**, 19**58**, and that death occurred at **6:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James D. Luckert (Type or title)		23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 4-8-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4-10-58		24c. NAME OF CEMETERY OR CREMATORY Chehalis Washington	
		24d. LOCATION (City, town, or county) (State) Chehalis Washington			

DATE REC'D BY LOCAL REG. 4/10/58		REGISTRAR'S SIGNATURE M. M. Hart, M.D. by P.L.H.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 24 1958

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 *Carl H. Dyer*

Licensed Embalmer No. *237*

P. O. Address *Salem*

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.