

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011093

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 292 Primary Registration District No. 4434 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>RALLS.</u>		2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RALLS.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>CENTER, MO</u> TOWN <u>CENTER, MO</u>		c. CITY OR TOWN <u>CENTER, MO.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CENTER, MO.</u>		d. STREET ADDRESS (If outside, give location) <u>40 YRS.</u>	

3. NAME OF DECEASED (Type or print) <u>CLAUD - WINERED - GIBBS.</u>			4. DATE OF DEATH <u>MARCH 27-1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN-9-1871.</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) <u>RETIRED-FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM.</u>		11. BIRTHPLACE (City and state or country) <u>PIKE CO MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Wm AGIBBS.</u>		
14. MOTHER'S MAIDEN NAME <u>ANGELINE - GIBBS.</u>			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 <u>CHAMP GIBBS, NEW LONDON, MO.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Acute Myocarditis</u>	<u>2 min</u>
	DUE TO (c) <u>Unknown</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) None Known

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>4201</u>
20c. TIME OF INJURY <u>Hour</u> <u>Month, Day, Year</u> a. m. p. m.		

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 1-10-58 to 3-27-58 and last saw him alive on 3-10-58. Death occurred at 6:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. H. Brooks</u> (Degree or title) <u>MO</u>	22b. ADDRESS <u>Center mo</u>	22c. DATE SIGNED <u>3/29/58</u>
----------------------------------------------------------------	-------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3/29/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OLIVET-CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>CENTER, MO.</u>
---------------------------------------------------------	--------------------------	-----------------------------------------------------------	------------------------------------------------------------------

24. FUNERAL DIRECTOR <u>Clyde Wilkey</u> ADDRESS <u>Perry mo</u>	25. DATE RECD. BY LOCAL REG. <u>3/29/58</u>	26. REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>
------------------------------------------------------------------	---------------------------------------------	-----------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

health, Welfare public service

0890

0890

217

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..... *Clyde C. Wick*

Licensed Embalmer No. *3*

P. O. Address *Perry*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.