

S. No. 300
v. 10.48
6338

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025044

State File No.

FILED AUG 11 1958

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Salem</u>		c. CITY OR TOWN <u>Salem, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		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 <u>Hart Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>Rural-Norman Township</u>	

3. NAME OF DECEASED (Type or Print) <u>ARCH</u>	a. (First)	b. (Middle) <u>NMI</u>	c. (Last) <u>GIBBS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 4 1893</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 12 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agric.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Fate Gibbs</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Hensley</u>	14. NAME OF HUSBAND OR WIFE <u>Clarice Bailey Gibbs</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>WWT</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elmo Gibbs</u>	ADDRESS <u>Salem, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 3/6, 1958, to 8/6, 1958, that I last saw the deceased alive on 8/6, 1958, and that death occurred at 7 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter W. Hart MD</u>	(Degree or title)	23b. ADDRESS <u>Salem, Missouri</u>	23c. DATE SIGNED <u>8/8/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 8 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgar Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8/7/58</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M. D. by M. M. Hart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Warfel</u>	ADDRESS <u>Salem, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 21 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 Max R. Warfel

Licensed Embalmer No. 417

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.