

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045204

STATE FILE NUMBER

FILED DEC 19 1958

Registration District No. 292 Primary Registration District No.

5999 Registrar's No.

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls,	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Center, Missouri. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN New London, Mo. 0879 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Center Township		Length of stay in 1b 3Days	
d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WALTER F. GIBBS.		4. DATE OF DEATH Month Day Year Nov 10, 1958	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1873
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retored Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer.	11. BIRTHPLACE (City and state or country) Pike Co, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Gibbs	
14. MOTHER'S MAIDEN NAME Angeline Hamilton		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Clard Gibbs, Center, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis Acute			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis Chronic			4 years
DUE TO (c) Unknown			
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.) 4222		
20c. TIME OF INJURY Hour Month, Day, Year p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct. 4 '58 to Nov. 10 '58 and last saw ^{her} him alive on Nov. 10 '58 Death occurred at 8:10 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C.H. Brooks		22b. ADDRESS Center, Missouri.	22c. DATE SIGNED 11-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-12-58	23c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery.	23d. LOCATION (City, town, or county) (State) Center, Mo.
24. FUNERAL DIRECTOR Clyde C. Wickes, Perry, Mo.		25. DATE RECD. BY LOCAL REG. 11-14-58	26. REGISTRAR'S SIGNATURE Clyde C. Wickes

Received in Rall
County Health
Department
December 17,

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 Wiley

Licensed Embalmer No. 3

P. O. Address.....
Permy

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.