

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. 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.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045693

STATE FILE NUMBER

FILED JAN 5 1958

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

12281

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Perryville		3791 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1130 W. St. Marys
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 39 Cardinal Glennon		Length of stay in lb		3/		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Kathy Middle Louise Last Gibbar				4. DATE OF DEATH Month 12/ Day 18 Year 58			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9/23/57	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 18 Hours 58	IF UNDER 24 HRS. Hours 58 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) Orofino, Idaho		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Clarence C. Gibbar				14. MOTHER'S MAIDEN NAME Mary Jannin			
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 Clarence Gibbar Perryville, 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) Pulmonary Emboli (multiple) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardiac catheterization DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4344							INTERVAL BETWEEN ONSET AND DEATH
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.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 12/12/58 to 12/17/58 and last saw her/him alive on 12/17/58 . Death occurred at 3:30 AM 12/18 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE M. Applebaum (Degree or title)				22b. ADDRESS M. D. 8730 W. Kingsbury		22c. DATE SIGNED 12/18/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-19-58	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, township or county) (State) Perryville, Mo.		
24. FUNERAL DIRECTOR A. Bey, Perryville, Mo.				25. DATE RECD. BY LOCAL REG. DEC 19 58		25. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Flora M. Bullock*

Licensed Embalmer No. *437*

P. O. Address *S. P. Lewis, Md.*

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.