

FILED VS OCT 2 1959

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Butte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Rockville Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Elbert M. Hosp</u>		Length of stay in lb <u>7 da</u>		d. STREET ADDRESS (If outside, give location) <u>0</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Rita Lucille Gibbens</u>			4. DATE OF DEATH Month Day Year <u>Sept 24-59</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 9-1930</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months Days <u>0 15</u>	IF UNDER 24 HRS. Hours Min. <u>0 0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Montrose Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>C. H. Heiman</u>		13b. MOTHER'S MAIDEN NAME <u>Stacy K. Nake</u>		14. NAME OF HUSBAND OR WIFE <u>Jack Gibbons</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-38-3328</u>		17. INFORMANT Address <u>Jack Gibbons Rockville 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>CARCINOMA LUNG METASTATIC</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PRIMARY IN BREAST</u>						DUE TO (c) <u>2-3</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>---</u>				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>---</u>							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		20f. CITY, TOWN, OR LOCATION <u>---</u>		COUNTY STATE	
21. I attended the deceased from <u>1957</u> to <u>Sept 24 1959</u> and last saw her alive on <u>Sept 24 1959</u> Death occurred at <u>4:40 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Robert H. Brownsberger MD</u>			22b. ADDRESS <u>Appleton City Mo.</u>			22c. DATE SIGNED <u>Sept 24 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-24-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY</u>		23d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>	
24. FUNERAL DIRECTOR <u>Ursula Eckhoff</u>			25. DATE RECD. BY LOCAL REG. <u>Sept 26, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Oleo Abney</u>		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

285
0

VS MAY 24 1961

VS JUN 12 1961

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 *Os car Eckhoff*

Licensed Embalmer No. *3942*

P. O. Address *Appleton City*

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.