

JR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005394

FILED VS FEB 23 1960

53

3010

77

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 68	c. CITY OR TOWN Cape Girardeau Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 36C Pecan St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 36C Pecan Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Thomas Giboney			4. DATE OF DEATH Month Day Year Feb. 12, 1960		
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/10/89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Dutchtown, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Tom Giboney		13b. MOTHER'S MAIDEN NAME Lizzie Davis	14. NAME OF HUSBAND OR WIFE Jessie Giboney		
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. -----	17. INFORMANT Address Mrs. Jessie Giboney, Pecan St., Cape Gir. 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) **Corymbic oculum**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)

DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)
Bronchial asthma

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **June 1959** to **Jan 1960** and last saw her him alive on **Jan 10, 1960**
Death occurred at **7:10 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
J. W. England D.O.

22b. ADDRESS
46 W Main Cape Girardeau

22c. DATE SIGNED
2/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
Feb. 16, 1960

23c. NAME OF CEMETERY OR CREMATORY
Fairmont Cemetery

23d. LOCATION (City, town, or county) (State)
Cape Girardeau, Mo.

24. FUNERAL DIRECTOR
L. R. Sparks
ADDRESS
Cape Gir., Mo.

25. DATE RECD. BY LOCAL REG.
2-20-60

26. REGISTRAR'S SIGNATURE
Jessie Kaster

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

KS NOV 15 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oliver H. Holmes

Licensed Embalmer No. 4190

P. O. Address Charleste

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