URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-029768
STATE FILE NUMBER

XC-17479704 43 REGNO. A-1472 Registration District No. Primary Registration District No. 3007 Registrar's No. 479

NDED FILED VS AUG 30 1960

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Length of stay in 1b: 54 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CARTER
c. CITY OR TOWN HUNTER — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RURAL ROUTE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ADDISON Middle: BRIGHT Last: GIBBS
4. DATE OF DEATH Month, Day, Year: AUGUST 15, 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-4-94
9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MEAT CUTTER
10b. KIND OF BUSINESS OR INDUSTRY: MEAT CUTTER
11. BIRTHPLACE (City and state or country): BOWLING GREEN, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: ADDISON B. GIBBS
13b. MOTHER'S MAIDEN NAME: MARGARET ANN COPENHAVER
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 492145617
17. INFORMANT: WILLIE SUE FREEMAN, SISTER, BOWLING GREEN Address: MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCT, LEFT, ACUTE. — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE, CHRONIC. — UNKNOWN
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ Yes
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

VA

21. I attended the deceased from June 22, 1960, to August 15, 1960 and ~~last saw him alive on~~ her/him
Death occurred at 5:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Lester Harwell M.D. (Degree or title)
J. LESTER HARWELL, M.D., Actg. Pathologist
22b. ADDRESS: VA Hospital, Poplar Bluff, Mo.
22c. DATE SIGNED: 8-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-16-60
23c. NAME OF CEMETERY OR CREMATORY: Bowling Green City Cem.
23d. LOCATION (City, town, or county) (State): Bowling Green, Mo.
24. FUNERAL DIRECTOR: Frank-Cotrell
ADDRESS: Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 8/16/60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

[redacted]

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_____ Signed Edgar W. [illegible]

Signature of Student Embalmer

Licensed Embalmer No. 3394

P. O. Address Poplar Bl[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] 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.