SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-008199
STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 31

FILED APR 12 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Watkins Township — Length of stay in 1b: 58 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Residence RR1 Salem, Mo — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dent
c. CITY OR TOWN: Salem — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First LEANDER — Middle ---- — Last GIBBS

4. DATE OF DEATH: Month April — Day 7 — Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12/7/69

9. AGE (last birthday): 91 — 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): Farmer (ret)

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (City and state or country): Dent County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel C. Gibbs

13b. MOTHER'S MAIDEN NAME: Amanda Willie

14. NAME OF HUSBAND OR WIFE: Clara (dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: None

17. INFORMANT — Address: Alfred Gibbs, Rte 2, Salem, 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): cardiac + pulmonary arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): cachexia + debilitation
DUE TO (c): old cerebra vascular accident
INTERVAL BETWEEN ONSET AND DEATH: 6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): hypertensive + congestive heart disease
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 1960, to 1961 and last saw ~~her~~ him alive on april 5, 1961
Death occurred at 2:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. J. Myers DO.

22b. ADDRESS: Licking, Mo.

22c. DATE SIGNED: 4-10-61

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

23b. DATE: 4/9/1961

23c. NAME OF CEMETERY OR CREMATORY: Cedar Grove Cemetery

23d. LOCATION (City, town, or county) (State): Salem Missouri

24. FUNERAL DIRECTOR — ADDRESS: Max L. Warfel Salem, Mo.

25. DATE RECD. BY LOCAL REG.: 4/8/61

26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by dm

(Licensed Embalmer's Statement on Reverse Side)

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 Max L. Waifel

Licensed Embalmer No. 4170

P. O. Address Salem, M

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