

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-026832
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7038**

AMENDED

FILED AUG 8 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. Louis, Mo.</i>		Length of stay in 1b <i>20 DYS</i>	c. CITY OR TOWN <i>Shrewsbury Mo.</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Alacumbus Hosp. Fed</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>7310 Munday</i>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Frank Gibbons</i>	4. DATE OF DEATH Month Day Year <i>7 26 61</i>
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3/14/1880</i>	9. AGE (last birthday) <i>81</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RET. BRAKEMAN</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Pac. R.R.</i>	11. BIRTHPLACE (City and state or country) <i>DE SOTO, MO</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>WILLIAM GIBBONS</i>	13b. MOTHER'S MAIDEN NAME <i>MARGARET MILLER</i>	14. NAME OF HUSBAND OR WIFE <i>MINERVA GIBBONS</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES</i>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>7310 MUNDAY</i> <i>MRS. MINERVA GIBBONS, SHREWSBURY</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic cholecystitis + cholelithiasis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 mo.</i>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
		<i>584X</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerosis, Arterio-sclerotic heart disease</i>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from <i>5-12-59</i> and last saw her alive on <i>7-26-61</i> Death occurred at <i>7-26-61</i> <i>11:00</i> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>B. B. Gummels, M.D.</i> (Degree or title)	22b. ADDRESS <i>7349 Dale, St. Louis 17, Mo.</i>	22c. DATE SIGNED <i>7-27-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REN.</i>	23b. DATE <i>JULY 29 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>WOODLAWN</i>	23d. LOCATION (City, town, or county) (State) <i>DESOTO Mo.</i>
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24. FUNERAL DIRECTOR <i>DIETRICH F. HOME</i> <i>DESOTO Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>JUL 29 1961</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 14 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 Donnell B. Dretz

Licensed Embalmer No. 4104

P. O. Address Deats, Mo

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.