MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031571

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 54

FILED AUG 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0505
2	0505
3	
4	0
5	1
6	
7	0
8	2
9	4201
10	
11	
12	90-0
13	3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 2

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: DeSoto — Length of stay in 1b: 7 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 406 St. Louis St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jefferson
c. CITY OR TOWN: DeSoto — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 406 St. Louis St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Thomas Middle Henry Last Gibbons

4. DATE OF DEATH: Month Aug. Day 10, Year 1962

5. SEX: M

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/22/86

9. AGE (last birthday): 76 — 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): Switchman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

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

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Gibbons

13b. MOTHER'S MAIDEN NAME: Margaret Miller

14. NAME OF HUSBAND OR WIFE: Lillie Tolton Gibbons

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. Thos. Gibbons, DeSoto, 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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden
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): Diabetes
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 ☐ no

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 aug 10, 62, to aug 10, 62 and last saw her/him alive on aug 10, 62
Death occurred at 7:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Noel V. McMinstry M.D.

22b. ADDRESS: DeSoto, Mo.

22c. DATE SIGNED: aug 11, 62

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

23b. DATE: 8/13/62

23c. NAME OF CEMETERY OR CREMATORY: City

23d. LOCATION (City, town, or county) (State): DeSoto Mo.

24. FUNERAL DIRECTOR ADDRESS: J. L. Mothershead, DeSoto, Mo.

25. DATE RECD. BY LOCAL REG.: 8-13-1962

26. REGISTRAR'S SIGNATURE: Marie Farris

(Licensed Embalmer's Statement on Reverse Side)

AUG 21 1962

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 Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.