FILED DEC 23 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH

(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER 124 68-048761

DO NOT WRITE ON THIS STUB

VS 300 Rev. 1/68

Registration District No. 128 — Primary Registration District No. 5466 — Registrar's No. 2230

9.	0
10a.	85
10b.	
11.	0
12.	1
13.	4442
14.	
15.	4
16.	
17.	
18.	0
19.	CREDITS
20.	
4.	0890
5.	90
6.	0390

DECEASED

1. DECEASED—NAME: FIRST JOSEPH; MIDDLE FRED; LAST GIBONEY
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): Dec 15, 1968
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. AGE—LAST BIRTHDAY (YEARS): 85
5b. UNDER 1 YEAR — MOS.
5c. DAYS
5d. UNDER 1 DAY — HOURS
5e. MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Sept 7, 1883
7a. COUNTY OF DEATH: Greene
7b. CITY, TOWN, OR LOCATION OF DEATH: Springfield
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Rt # 1
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Missouri
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Syble Giboney
12. SOCIAL SECURITY NUMBER: 491 42 7450
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Ret. Farmer
13b. KIND OF BUSINESS OR INDUSTRY: Farm

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Missouri
14b. COUNTY: Greene
14c. CITY, TOWN, OR LOCATION: Springfield
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): No
14e. STREET AND NUMBER: Rt # 1

PARENTS

15. FATHER—NAME: John T. Giboney
16. MOTHER—MAIDEN NAME: Sarah Boone

17a. INFORMANT—NAME: Carl Giboney
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1440 Benton Springfield, Missouri

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE (a)	Mesenteric Thrombosis	1 day
DUE TO, OR AS A CONSEQUENCE OF (b)	Arteriosclerosis, generalized	yrs
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR — M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM — MONTH Sept DAY 26 YEAR 67 TO — MONTH June DAY 4 YEAR 68
21c. AND LAST SAW HIM/HER ALIVE ON — MONTH June DAY 4 YEAR 68
21d. I DID/~~DID NOT~~ VIEW THE BODY AFTER DEATH.
21e. DEATH OCCURRED (HOUR) 7:30a M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

21a. CERTIFICATION—MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. — HOUR OF DEATH — THE DECEDENT WAS PRONOUNCED DEAD — MONTH — DAY — YEAR — HOUR M.

22a. CERTIFIER—NAME (TYPE OR PRINT): Dr. Kenneth Knabb
22b. SIGNATURE: Kenneth E. Knabb — DEGREE OR TITLE: M.D.
23c. DATE SIGNED (MONTH, DAY, YEAR): 18 Dec 68
23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO.): 1630 N. Jefferson — CITY OR TOWN: Springfield, Missouri — ZIP: 65803

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: Greenlawn Cemetery
24c. LOCATION—CITY OR TOWN, STATE: Springfield, Missouri
24c. DATE (MONTH, DAY, YEAR): dec 18, 1968
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Klingner Mortary Inc 436 E. Pacific Springfield, Mo 65803
25b. FUNERAL DIRECTOR—SIGNATURE: John Klingner Jr
26a. REGISTRAR—SIGNATURE: Bessie Medley
26b. DATE RECEIVED BY LOCAL REGISTRAR: Dec. 20, 1968

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DEC 27 1968

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 Edwin E. Edwards

Licensed Embalmer No. 5350

P. O. Address Springfield, Mi

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.