

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043773

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 297 Primary Registration District No. 4448 Registrar's No. 121

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

8890

20890

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94200

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11

1290-2

132-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

**FILED NOV 19 1962**

1. PLACE OF DEATH  
 a. COUNTY RAY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LAWSON Length of stay in lb 4 YEARS  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OWN HOME Inside Limits Yes  No

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

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
 (Type or print) HORACE HIRAM GIBBS OCTOBER 25 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 9/1/1886 9. AGE (last birthday) 75 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY OWN FARM 11. BIRTHPLACE (City and state or country) Clio, Iowa 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME NEWMAN BIBBS 13b. MOTHER'S MAIDEN NAME MARY ALLEN 14. NAME OF HUSBAND OR WIFE JENNIE MAE GIBBS

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. 485-36-4156 17. INFORMANT JENNIE GIBBS, LAWSON, MISSOURI Address

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 FAILURE  
 Pulmonary fibrosis, Aneurysm Abd. Aorta  
 Arteriosclerotic Heart Disease. Interval BETWEEN ONSET AND DEATH 8 hrs.  
 (b) years  
 (c) Generalized Arteriosclerosis  
 Hepatic Edema, Portal Hypertension  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 Ca. Prostate and Rectum  
 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 Month, Day, Year a.m. p.m.

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 9-4-62 to 10-24-62 and last saw him alive on 10-24-62  
 Death occurred at 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. L. Pfauth, D. O. 22b. ADDRESS 405 N. Penn.--Lawson, Mo. 22c. DATE SIGNED 10-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 10/28/62 23c. NAME OF CEMETERY OR CREMATORY Allerton Cemetery 23d. LOCATION (City, town, or county) Allerton, Iowa (State)

24. FUNERAL DIRECTOR ADDRESS Ames Greenlee, Liveville, Iowa 25. DATE RECD. BY LOCAL REG. Oct 31 - 1962 26. REGISTRAR'S SIGNATURE Malcol Jackson

USE BLACK INK OR TYPEWRITER RIBBON

JAN 24 1963

DATE FILED 1/24/63

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.