

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17934A

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. H 2

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR Kennett		c. CITY (If outside corporate limits, write RURAL and give township) OR Braggadocia Mo.	
c. LENGTH OF STAY (in this place) UNKNOWN		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Presnell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Bertha	b. (Middle) _____	c. (Last) Gibbs	4. DATE OF DEATH (Month) (Day) (Year) May 10 1944
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1875	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Waterloo, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME George Coonrod	13b. MOTHER'S MAIDEN NAME Margaret Lindsay	14. NAME OF HUSBAND OR WIFE B.P. Gibbs
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> X	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME B.P. Gibbs	ADDRESS Braggadocio, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left lung		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 1, 1944**, to **May 10, 1944**, that I last saw the deceased alive on **May 10, 1944**, and that death occurred at **3:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.C. Wilson M.D.	23b. ADDRESS Kennett Mo	23c. DATE SIGNED 8-20-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 12, 1944	24c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
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DATE REC'D BY LOCAL REG. 3-20-1950	REGISTRAR'S SIGNATURE Carl Husband 90	25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith	ADDRESS Funeral Home Caruthersv
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK-INK—MAKE A PERMANENT RECORD

MAR 25 1950

MAR 28 1950

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-21-50

COUNTY FILE NUMBER 250-104

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 _____
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 this body is not embalmed, fact should be so stated above.