

No. 300
M-10-47
7-5-17-39
I 3908

Registration District No. **187**

Primary Registration District No. **3040**

Registrar's No. **130**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Springston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1521 Clay St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days (Specify whether)

3. (a) PRINT FULL NAME William Mote Gibbons

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male **5. Color or race** White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lida Gibbons

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>6</u>	<u>8</u>	— hr. — min.

9. Birthplace Springston Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Below Retired

11. Industry or business Baking house

MOTHER FATHER

12. Name William Gibbons

13. Birthplace Alabaster Ala
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Agnew

15. Birthplace Springston Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant William Egleburg

(b) Address Chillicothe, Mo

17. (a) Burial (b) Date thereof 9/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edmunds Cem.

18. (a) Signature of funeral director Arnold Gordon

(b) Address Chillicothe Mo

19. (a) Date received local registrar Sept 27 1948 (b) Francis B. Neill (Registrar's signature) 1948

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Springston

(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. 1521 Clay St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 23, 1948, to Sept 25, 1948;
that I last saw him alive on Sept 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis Duration 2 days

Due to Smoking Potting Alcohol

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 118

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature M. E. Egleburg (M. D. or other)

Address Chillicothe Mo Date signed 9-27-48

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Ronald F. Gordon*

Licensed Embalmer No. 4191

P. O. Address. *Cliffside, 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 this body is not embalmed, fact should be so stated above.