

S. No. 300
V. 10.48

FILED APR 12 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **9517**
Registrar's No. **22**

0790

BIRTH NO. **17078-51** REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **5917**

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Marys Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Marys Township	
c. LENGTH OF STAY (in this place)		0790	
d. FULL NAME OF HOSPITAL OR INSTITUTION Silver Lake, Mo.		d. STREET ADDRESS (If rural, give location) Silver Lake, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) Charles c. (Last) Gibbar			4. DATE OF DEATH March 23, 1951 (Month) (Day) (Year)		
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 13, 1951	9. AGE (In years last birthday) 10	# UNDER 1 YEAR	# UNDER 1 YEAR	# UNDER 1 YEAR
--------------------	-------------------------------	---	--	---	----------------	----------------	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Perry County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	--

13a. FATHER'S NAME Joseph Gibbar	13b. MOTHER'S MAIDEN NAME Della Mae Whisler	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

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. None	17. INFORMANT'S SIGNATURE OR NAME Joseph Gibbar, Silver Lake, Mo.	ADDRESS
--	-------------------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Since birth 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. 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"/>
------------------------	----------------------------------	--

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Mar 13, 1951**, to **Mar 23, 1951**, that I last saw the deceased alive on **Mar 22, 1951**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Charron D. Perry (Degree or title)	23b. ADDRESS Perryville Mo	23c. DATE SIGNED 3-24-51
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 24, 1951	24c. NAME OF CEMETERY OR CREMATORY Catholic	24d. LOCATION (City, town, or county) (State) Silver Lake, Mo.
---	---------------------------------	--	---

DATE REC'D BY LOCAL REG. Mar 24-1951	REGISTRAR'S SIGNATURE Joe J. Zellner	25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey ADDRESS Perryville, Mo.
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 3866

P. O. Address Perryville, Ms.

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.