

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29857

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5330 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Osage Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Osage Twp.</u> <u>0280</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles S. of Dillard, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles S. of Dillard, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles S. of Dillard, Mo.</u>	
3. NAME OF DECEASED a. (First) <u>David</u> b. (Middle) <u>Rennick</u> c. (Last) <u>Gibbs</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1951.</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 14, 1865</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Davisville, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Whitt Gibbs</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Hultt</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle Gibbs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Geo. H. Bibbs</u>		ADDRESS <u>Dillard, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right Hemiplegia due to cerebral hemorrhage on hypertensive basis.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced Arteriosclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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) (Min.)		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 <u>9-5</u> , 19 <u>51</u> , to <u>9-10</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-9</u> , 19 <u>51</u> , and that death occurred at <u>8:45 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paula Brunner, M.D.</u>		23b. ADDRESS <u>Davisville, Mo.</u>	
23c. DATE SIGNED <u>9-15-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>9/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Keysville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Keysville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elisie Harrison</u> ADDRESS <u>Steelville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/20/51</u>		REGISTRAR'S SIGNATURE <u>78</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1280 /

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 21 1951

RECEIVED

SEP 26 1951

**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 Thomas S. Halbert

Licensed Embalmer No. 4357

P. O. Address Steelville, 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.