

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30498**

State File No. \_\_\_\_\_

**FILED OCT 13 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 868

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <sup>0485</sup> <u>O</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0480</u> OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>R 2 Kiger rd &amp; Mechanic St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence San. &amp; Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>DELBERT A. GIBBS</u>			4. DATE OF DEATH <u>Oct 5, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 10, 1875</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Civil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Engineer</u>	
11. BIRTHPLACE (State or foreign country) <u>Quincy, Ill.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>William H. Gibbs</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Worsley</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Gibbs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gene Allen Indep, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stroke + Hemiplegia resulting from Head injury + compound fracture of left leg</u>		
	DUCE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9.12.45</u>			

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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence Jackson Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-4-51</u> a. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by car</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed. C. Beall, Jr., Deputy Coroner</u>	23b. ADDRESS <u>4050 Broadway DC Mo</u>	23c. DATE SIGNED <u>10-6-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>
24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>		

DATE REC'D BY LOCAL REG. <u>10-7-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <sup>1354</sup>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Mitchell Indep, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
10.48

OCT 8 REC'D

OCT 20 1951

OCT 30 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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Endep. MD.

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.