S. No. 300
v. 10.48

FILED FEB 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3631

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Delta Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Richland 1030
d. STREET ADDRESS (If rural, give location): Near Bloomfield, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle): Glenn
c. (Last): Gibbs

4. DATE OF DEATH (Month) (Day) (Year): Jan. 31, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: Nov. 26, 1927
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 2, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R. E. A. Lineman
10b. KIND OF BUSINESS OR INDUSTRY: Electric
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Edgar Gibbs
13b. MOTHER'S MAIDEN NAME: Odessa Stafford
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): Yes // Korea
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dale Gibbs Bloomfield, Mo. R. F. D.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Electrocution / — INTERVAL BETWEEN ONSET AND DEATH: 1 hour 15 min

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: 103 E9143-8
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Country electric
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): line Castor Stoddard Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 31 52 4P m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Working on electric line

22. *I hereby certify that I attended the deceased from* Jan. 31, 1952, *to* Jan. 31, 1952, *that I last saw the deceased alive on* Jan. 31, 1952, *and that death occurred at* 5:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon C. Hemphill DO
23b. ADDRESS: Bloomfield, Missouri
23c. DATE SIGNED: 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-3-52
24c. NAME OF CEMETERY OR CREMATORY: Bloomfield Cemetery
24d. LOCATION (City, town, or county) (State): Bloomfield, Stoddard, Mo.

DATE REC'D BY LOCAL REG.: 2-7-52
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter 429-1
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Chiles Und. Co. Bloomfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 11 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 252-39

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 Lulu Cooper

Signed .....
Student Embalmer

Licensed Embalmer No. 3499

P. O. Address Bloomfield, 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.