

STANDARD CERTIFICATE OF DEATH

State File No. **20103**

FILED JUL 7 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 643

0396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 22 years		d. STREET ADDRESS (If rural, give location) 325 N Kansas	
d. FULL NAME OF HOSPITAL OR INSTITUTION 325 North Kansas		e. STREET ADDRESS (If rural, give location) 325 N Kansas	
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) FOSTER	
c. (Last) GIBBS		4. DATE OF DEATH (Month) (Day) (Year) June 29 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 4, 1879
9. AGE (in years last birthday) 72		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and State or Foreign Country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE John H Gibbs		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 John H Gibbs, Springfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident INTERVAL BETWEEN ONSET AND DEATH Approx 24 hrs ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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. Cardiovascular renal disease about 3 yrs.		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 28 June, 1952 to 29 June, 1952 , that I last saw the deceased alive on 28 June, 1952 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.			
23. SIGNATURE Henry Knobb, Jr (Degree or title) MD		23b. ADDRESS 1130 N. Jefferson	
23c. DATE SIGNED 30 June 52		24. NAME OF CEMETERY OR CREMATORY (City, town, or county) (State) White Chapel Springfield, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-1-52	
DATE REC'D BY LOCAL REG. 7-1-52		REGISTRAR'S SIGNATURE Edith Williamson Registrar	
25. FUNERAL DIRECTOR'S SIGNATURE Olma Schmeyer		ADDRESS Springfield	

(Licensee's Statement on Reverse Side)

Harris M
1630

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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield, 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.