

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21598

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

**DECEASED** JUL 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 131

0923  
0

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>	
c. LENGTH OF STAY (in this place) <b>29 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>501 <del>St</del> St Joseph Hospital 501a Clay St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Francis</b> b. (Middle) _____ c. (Last) <b>Gibbs</b>		4. DATE OF DEATH <b>6--30--52</b> (Month) (Day) (Year)	
5. SEX <b>Male</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>April 7 1923</b>
9. AGE (In years last birthday) <b>29</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Taxi Driver</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Transportation</b>	11. BIRTHPLACE (State or foreign country) <b>St Charles Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Elliott M Gibbs</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Damron</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>489-18-2975</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mollie M Gibbs</b> ADDRESS <b>501a Clay St</b>	

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) <b>Suicide</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Gunshot wound</b>			
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>E976X</b>	
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) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, workshop, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Charles St. Charles Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-30-52 7:30 A.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Self inflicted gunshot wound</b>	

22. I hereby certify that I attended the deceased from **Head injuries** on **June 30 1952**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:30 A.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Mavis Mackay Overner</b>		23b. ADDRESS (Degree or title) <b>Wentzville, Mo</b>		23c. DATE SIGNED <b>6-30-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 2 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St Charles Mo.</b>					

DATE REC'D BY LOCAL REG. <b>7/2/52</b>		REGISTRAR'S SIGNATURE <b>Francis H. Hagemann</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hagemann - Bane</b> ADDRESS <b>St Charles, Mo.</b>	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

EXAM 1 3 1958

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 Charles J. Mackie

Licensed Embalmer No. 4530

P. O. Address St. Charles, 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.