

39193

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 155-72-9999

No. 300
10-48

FILED DEC 3 1952

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5572 Registrar's No. 11189999

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Joplin Jasper		c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN Rural Joplin Jasper	
c. LENGTH OF STAY (In this place) 35 Yrs.		d. STREET ADDRESS (If rural, give location) 1 Mile N. of Webb City - Rt. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile N. of Webb City			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) Day	c. (Last) Gibbons	4. DATE OF DEATH (Month) (Day) (Year) Nov. 27, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 15, 1866	9. AGE (In years last birthday) 86	10. IF UNDER 1 YEAR Months 4	11. IF UNDER 2 HRS. Days 12	12. IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Groceriesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ill. !	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mrs. Julia Gibbons
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia Gibbons	ADDRESS Rt. 1 Webb City, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <u>Chronic Myocarditis</u> <u>with Ascending Aortic Dissection</u> DUE TO <u>Embolicism of the Aorta</u> <u>Island</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 610X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-22-1952 to 11-27-1952, that I last saw the deceased alive on 11-25, 1952, and that death occurred at 4:05A. m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>W. Gregory</u>	23b. ADDRESS <u>Webb City, Mo.</u>	23c. DATE SIGNED <u>11/27/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 28 1952	24c. NAME OF CEMETERY OR CREMATORY Carterville, Cemetery	24d. LOCATION (City, town, or county) (State) Carterville Mo.
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DATE REC'D BY LOCAL REG. 11/28 '52	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston Arnce Simpson</u>	ADDRESS Mortuary
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(Licensed Embalmers' Statement on Reverse Side)

Webb City Mo.

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

RECEIVED 12-1-52
Jasper County Health Office

County File Number 52/12/932

Date Filed 12-1-52

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 Harvey L. Orme.....

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.