

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39210

State File No.

DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus c. LENGTH OF STAY (in this place) 33yrs.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus 0502

d. FULL NAME OF HOSPITAL OR INSTITUTION _____ d. STREET ADDRESS (If rural, give location) 409 South 4th. Street

3. NAME OF DECEASED (Type or Print)
a. (First) Charley b. (Middle) Ambrose c. (Last) Gibbs

4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1952

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 18, 1891

9. AGE (In years last birthday) 61 If under 1 year: Month _____ Day _____ If under 1 mo. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassworker

10b. KIND OF BUSINESS OR INDUSTRY P. P. G. Co.

11. BIRTHPLACE (City and State or Foreign Country) Butler Co. Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mattie Alma Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Norvel Gibbs ADDRESS Festus, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of colon

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. Metastases in liver & stomach

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 153X

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug. 12, 1951, to Dec. 3, 1952, that I last saw the deceased alive on Dec. 3, 1952, and that death occurred at 6:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Delberta Belzman 23b. ADDRESS Festus, Mo. 23c. DATE SIGNED 12/4/52

24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE 12/7/52 24c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Gardens 24d. LOCATION (City, town, or county) (State) Crystal City, Mo.

DATE REC'D. BY LOCAL REG. 12/9/52 REGISTRAR'S SIGNATURE Gentry R. Polittle 25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Polittle ADDRESS Crystal City, Mo.

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED DEC 12 1952

JAN 2 6 1953

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 Anthony R. Plette

Licensed Embalmer No. 3481

P. O. Address Crystal 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.