

## STANDARD CERTIFICATE OF DEATH

State File No. **15048**

FILED MAY 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>STOUTSVILLE</b>	
c. LENGTH OF STAY (in this place) <b>6 WKS</b>		d. STREET ADDRESS (If rural, give location) <b>1690</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>402 West LOCUST ST.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LULAMAY</b>		b. (Middle)		c. (Last) <b>GIBBS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 29 1953</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOVEMBER 30 1880</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 Hrs. Min. <b>72</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Monroe County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>W. E. Gibbs</b>		13b. MOTHER'S MAIDEN NAME <b>MILDRED DONALDSON</b>		14. NAME OF HUSBAND OR WIFE <b>Walter Gibbs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>2200</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W. E. Gibbs</b>	
				ADDRESS <b>Monroe Co, Mo. R.F.D.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>n.c.</b>
	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 <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug. 4, 1950**, to **April 29, 1953**, that I last saw the deceased alive on **4-29-1953**, and that death occurred at **4:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. A. Barnett M.D.</b>	(Degree or title)	23b. ADDRESS <b>Paris, Mo.</b>	23c. DATE SIGNED <b>5-4-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-1-1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stoutsville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stoutsville Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5/1/53</b>	REGISTRAR'S SIGNATURE <b>J. A. Barnett</b>	435-	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; Sons</b>	ADDRESS <b>Monroe City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1690

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 me

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.