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FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19334

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY Lincoln

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

b. CITY (If outside corporate limits, write RURAL and give name of township) OR TOWN Rural (Bedford Twp)

c. LENGTH OF STAY (If in this place) 1 week

c. CITY OR TOWN Hawk Point

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp.

STREET ADDRESS (If rural, give location) No Street Address 0570
0

3. NAME OF DECEASED
a. (First) Rebecca b. (Middle) Gibbs c. (Last) Walton

4. DATE OF DEATH (Month) (Day) (Year) June 18, 1955

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH Dec. 13, 1890

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.

11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri 0

12. COUNTRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME Halbert Gibbs

13b. MOTHER'S MAIDEN NAME Rebecca S. BonDurant

14. NAME OF HUSBAND OR WIFE Douglas H. Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO None

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Douglas H. Walton Hawk Point, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Quinny C. of Ovaries
DUE TO (c) 175X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Ovaries

20. AUTOPSY? YES NO

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) m.

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 June 15, 1955, to June 15, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 8:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Church M.D.

23b. ADDRESS Troy Mo

23c. DATE SIGNED 6/20/55

24a. BURIAL (Preparation, removal, etc.) (Specify) Burial

24b. DATE 6/21/55

24c. NAME OF CEMETERY OR CREMATORY Hawk Point Cemetery

24d. LOCATION (City, town, or county) (State) Hawk Point, Missouri

DATE REC'D BY LOCAL REG. July 2 - 55

REGISTRAR'S SIGNATURE Emma B. Riddle

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 19 1958

JUL 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, ~~XXXX~~....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Joseph J. Marsh*.....
Licensed Embalmer No... 393

P. O. Address Troy, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.