

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 49

2

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place township) <u>1 1/2, 11m, 12 1/2</u>	c. CITY OR TOWN <u>ARBela</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		e. STREET ADDRESS (If rural, give location) <u>Uuk</u>	<u>0990</u> <u>1</u>

3. NAME OF DECEASED (Type or Print) a. (First) <u>Editt</u> b. (Middle) <u>-</u> c. (Last) <u>Gibfillan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>22 March 1879</u>	9. AGE (In years last birthday) <u>76</u>	10. IF UNDER 1 YEAR Days <u>13</u> Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home help</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City, and State or Foreign Country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.B</u>	

13a. FATHER'S NAME <u>William Kilds</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Cooby</u>	14. NAME OF HUSBAND OR WIFE <u>John G. Gibfillan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Uuk</u>	16. SOCIAL SECURITY NO. <u>Uuk</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital Records Fulton</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arterio Sclerosis with</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Psychosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis Heart Dis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>a</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <u>334x</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 23 Feb 1954, to 6 Feb 1956, that I last saw the deceased alive on 6 Feb 1956, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E.C. Kepler (RSC) M.D.</u>	23b. ADDRESS <u>Fulton, Mo</u>	23c. DATE SIGNED <u>6 Feb 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>2-10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dr Memphis Mo</u>
24d. LOCATION (City, town, or county) (State) _____	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blum Maupin Fulton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 11-1956</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>4265</u>	

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.....
Signature of Student Embalmer

Signed *J. D. Ross*.....

Licensed Embalmer No. *758*.....

P. O. Address *Fuller*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.