

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5310**

FILED MAR 5 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 32

1. PLACE OF DEATH  
a. COUNTY Johnson  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Lafayette

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg c. LENGTH OF STAY (in this place) 1 Week  
c. CITY OR TOWN Rural: Washington 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 Warrensburg Medical Center e. STREET ADDRESS (If rural, give location) 4 Miles East of Odessa

3. NAME OF DECEASED a. (First) SAMUEL b. (Middle) MADISON c. (Last) GIBBS 4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 25, 1871 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Grain & Stock 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Gibbs 13b. MOTHER'S MAIDEN NAME Fannie Lee 14. NAME OF HUSBAND OR WIFE Fannie Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. S.M. Gibbs, Odessa, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypertensive pneumonia INTERVAL BETWEEN ONSET AND DEATH 24 hrs.  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis 5 years  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
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 \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO  4500

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) Odessa, Lafayette, Mo.

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 2-22, 1957, to 2-27, 1957, that I last saw the deceased alive on 2-27, 1957 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS Warrensburg Mo 23c. DATE SIGNED 2-27-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1 Mar 57 24c. NAME OF CEMETERY OR CREMATORY Odessa 24d. LOCATION (City, town, or county) (State) Odessa, Missouri

DATE REC'D BY LOCAL REG. Feb. 28, 1957 REGISTRAR'S SIGNATURE Savannah Critchfield 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hussman-Sparks, Odessa, Missouri

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

17-0

MAR 13 1957

**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 *William T. Sparks*

Licensed Embalmer No. 443

P. O. Address *O. J. Della*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.