

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10290

STATE FILE NUMBER

2030

FILED MAR 18 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Carbondale 8/20 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTE Missouri Baptist Hospital		d. STREET ADDRESS (If outside, give location) Reside on Farm 322 RFD #1 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Kenneth Middle Last Gibbs		4. DATE OF DEATH Month Feb. Day 27, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 9 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 12, 1920
9. AGE (In years last birthday) 36		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Carbondale, Ill. /
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Walter R. Gibbs	
14. MOTHER'S MAIDEN NAME Marian N. Ashwell		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	
16. SOCIAL SECURITY NO. 357-09-9501		17. INFORMANT Address Mrs. Marian Gibbs, Carbondale, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyonephritis with Multiple abscesses of both kidneys DUE TO (b) Unknown DUE TO (c) _____ Conditions, if any which gave rise to above cause (a): stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Unknown
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 600.0	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Carbondale, Ill.		20f. COUNTY STATE	
21. I attended the deceased from February 26 12:30 A.M. Feb. 27 1957 and last saw her alive on Feb 26th Death occurred at Missouri Baptist on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. H. Parsons		22b. ADDRESS 457 N. Kingshighway	22c. DATE SIGNED 2-28-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-28-57	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) (State) Carbondale, Ill.
24. FUNERAL DIRECTOR ADDRESS Albert Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. FEB 28 '57	26. REGISTRAR'S SIGNATURE Carl Lind MD

(Licensed Embalmer's Statement on Reverse Side)

