

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15679

FILED APR 29 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 947

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park		a. STATE Missouri		b. COUNTY St. Louis County	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Moll Nursing Home		Length of stay in lb AB 2 wks.		c. CITY OR TOWN Fenton		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Jessie		Middle Fremont		Last Harris		Month April Day 9 Year 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct 20, 1859	
9. AGE (In years last birthday) 97		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Hannibal, Missouri.				12. CITIZEN OF WHAT COUNTRY? U.S.A			
13. FATHER'S NAME Edward B. Gibbs				14. MOTHER'S MAIDEN NAME Rachael Donahower			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil		17. INFORMANT Wm. John Harris, R.R. No. 1 Box 544,			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]		PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) Acute cardiac dilatation		Fenton, Mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chronic myocarditis		DUE TO (c) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 day	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) 4222	
20c. TIME OF INJURY		Hour a. m. Month p. m. Day Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 4/19/57 to 4/19/57 and last saw her alive on 4/19/57							
Death occurred at 1422 PAA m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS Kirkwood, Mo.		22c. DATE SIGNED 4/19/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-11-57		23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri.	
24. FUNERAL DIRECTOR Wagoner Mortuary, 4911 Washington Blvd. ADDRESS				25. DATE RECD. BY LOCAL REG. 4-10-57		26. REGISTAR'S SIGNATURE Herbert R. Tomke	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I. must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, & Welfare Public Service

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Securing the medical certification in the specific manner required by law is the responsibility of the medical certifier.

