

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008759

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Butler</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Butler Mem. Hosp.</b>		Length of stay in lb <b>10 Hrs.</b>	d. STREET ADDRESS (If outside, give location) <b>East Boone Twp.</b>
3. NAME OF DECEASED (Type or print) First <b>Effie</b> Middle <b>Elizabeth</b> Last <b>Gibb</b>		4. DATE OF DEATH Month <b>April</b> Day <b>8</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 28, 1916</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wife.</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>41</b>
11. BIRTHPLACE (City and state or country) <b>Butler, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Nachbar</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Elizabeth Mossbarger.</b>	
14. NAME OF HUSBAND OR WIFE <b>Robert Gibb</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Robert Gibb, Adrian, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Burns, 3<sup>rd</sup> degree,</b> <b>legs, arms, upper trunk 9 hours</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>979X</b> DUE TO (c) _____ 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
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Saturated clothing with gas &amp; ignited. Then</b>	
20c. TIME OF INJURY Hour <b>7</b> p.m. Month <b>4</b> Day <b>7</b> Year <b>1958</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Butler</b>	
20g. COUNTY <b>Bates</b>		20h. STATE <b>Mo</b>	
21. I attended the deceased from <b>4/7/58</b> to <b>4/8/58</b> and last saw her/him alive on <b>4/8/58</b> . Death occurred at <b>4:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Douglas A. Donald MD</b>		22b. ADDRESS <b>Butler, Mo</b>	
22c. DATE SIGNED <b>4/8/58</b>		22d. ADDRESS (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Adrian, Mo.</b>
24. FUNERAL DIRECTOR <b>Six Funeral Service, Adrian, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Apr. 8-1958</b>	26. REGISTRAR'S SIGNATURE <b>Randall Kersay</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

alth, welfare, public service

00  
57  
07/0

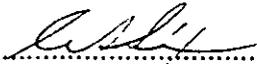
Doctor, coroner, etc. must use only standard form. All diseases in Part I must be causally related.

17  
0

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 ..... 

Licensed Embalmer No. 3650.....

P. O. Address...Adrian, Mo.....

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.