

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026317

STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 227 Primary Registration District No. 5805 Registrar's No. 42

5. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON TWP.</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>STOUTSVILLE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.F.D. STOUTSVILLE</b>		Length of stay in 1b <b>3 HOURS</b>	
d. STREET ADDRESS <b>(NONE)</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ARCHIE DALLAS GIBBS</b>			4. DATE OF DEATH Month Day Year <b>JULY 31, 1958</b>
5. SEX <b>MALE</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>NOV. 9, 1902</b>
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ROAD CONSTRUCTION LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	11. BIRTHPLACE (City and state or country) <b>FLORIDA, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>ROBT. L. GIBBS</b>	
13b. MOTHER'S MAIDEN NAME <b>SUSIE VANDEVENDER</b>		14. NAME OF HUSBAND OR WIFE <b>ANNA LOUISE GIBBS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>487-09-3888</b>	17. INFORMANT Address <b>MRS. DALLAS GIBBS, STOUTSVILLE, 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>Coronary thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Aortic Valvulitis and aortic Stenosis</b>			
DUE TO (c) <b>Marked pulmonary emphysema</b>			
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.) <b>4211</b>	
20c. TIME OF INJURY Hour Month-Day, Year <b>1:00 a.m. - 7-31-58</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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>1950</b> to <b>1958</b> and last saw her/him alive on <b>6 P.M. 7-30-58</b> Death occurred at <b>1:15 A.M. 7-31-58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Melba S. Christman</b> (Degree or title)		22b. ADDRESS <b>PARIS, MO.</b>	22c. DATE SIGNED <b>7-31-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>AUG. 1, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>STOUTSVILLE CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>STOUTSVILLE, MO</b>
24. FUNERAL DIRECTOR <b>Speed Blakey</b> ADDRESS <b>PARIS, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-1-58</b>	26. REGISTRAR'S SIGNATURE <b>J. D. Barnard, D.</b>

EXAMINATION BOARD

**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 ..... *E. H. Agnew* .....

Licensed Embalmer No. *4900* .....

P. O. Address ..... *Paris, 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.