

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041606

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11066

300
1-57

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) OR TOWN St. Louis, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MISSOURI MADISON FREDERICKTOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 212 N. MAIN ST.
3. NAME OF DECEASED (Type or print) First EDITH Middle MAY Last GIBBS			4. DATE OF DEATH Month NOVEMBER Day 15 Year 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOV. 10, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 0 Days 5 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) ST. FRANCOIS Co. MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BEN COLLIER		13b. MOTHER'S MAIDEN NAME MAE NAUSLEY	14. NAME OF HUSBAND OR WIFE ANDREW GIBBS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address MARIE HUNSEKER ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Embolus			INTERVAL BETWEEN ONSET AND DEATH SEV. WKS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Auricular Fibrillation			MANY YRS.
DUE TO (c) Arteriosclerotic heart Disease 420.0			MANY YRS.
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 Oct. 31, 1958 to November 15, 1958 saw her/him alive on November 15, 1958 Death occurred at 8:43 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm H. Kromberg M.D.		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 11/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 18, 1958	23c. NAME OF CEMETERY OR CREMATORY SETTLE CEMETERY	23d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.
24. FUNERAL DIRECTOR ADDRESS W. Adamson - FREDERICKTOWN, MO.		25. DATE RECD. BY LOCAL REG. NOV 18 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. Wm H.B.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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. 4351.....

P. O. Address FREDERICKTOWN, MD

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.