

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016410  
STATE FILE NUMBER

8  
FILED APR 20 1959

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 11

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sweet Springs</b>		c. CITY OR TOWN <b>Odessa</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Forsyth Restorium</b>		d. STREET ADDRESS (If outside, give location) <b>3 Mi. East</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Fannie Alice Gibbs</b>			4. DATE OF DEATH Month Day Year <b>Apr. II 1959</b>		
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5. SEX <b>Fe</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2-DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 26 1871</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lafayette Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Stephen Rannabargar</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Burke</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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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>none</b>	17. INFORMANT Address <b>Francis Gibbs Odessa Mo.</b>
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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>Acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>
DUE TO (b) <b>Arteriosclerosis</b>		
DUE TO (c) <b>Anemia, Sublethal</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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
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21. I attended the deceased from **1958** to **1959** and last saw her alive on **4-11-59**.  
Death occurred at **11:30** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Charles H. Warden, M.D.</b>	22b. ADDRESS <b>Sweet Springs, Mo.</b>	22c. DATE SIGNED <b>4-13-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 14 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Odessa Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Odessa Mo. 4/14/1959</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Husman - Sparks Odessa Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 13, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Mary Manley</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

CHARLES H. WARDEN, M.D. 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 *William T. Spa*

Licensed Embalmer No. *4431*

P. O. Address *Odessa*

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.