

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025518

FILED VS JUN 17 1960

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 15 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brownwood</u>		Length of stay in 1b <u>2 yrs</u>	c. CITY OR TOWN <u>Brownwood</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>PIKE Twp.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Iva C. Gibbs</u>			4. DATE OF DEATH Month Day Year <u>Estimate</u> <u>June 3, 1960</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/12/1890</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	IF UNDER 24 HR Hours <u>21</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and state or country) <u>Evansville, Ind.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph W. Paté</u>		13b. MOTHER'S MAIDEN NAME <u>Malissia Adams</u>		14. NAME OF HUSBAND OR WIFE. <u>R. S. Gibbs</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Charles Wolf E. St. Louis, Ill.</u> Address
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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) <u>No medical attendant</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Investigation made by coroner and no evidence of foul play found.</u>		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, 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 _____, to _____ and last saw her/him alive on _____.
Death occurred at unknown _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Murch Watters Coroner</u>		22b. ADDRESS <u>Dexter, Mo.</u>		22c. DATE SIGNED <u>6-7-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>6/6/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Advance, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Wm. H. Morgan, Advance, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6/11/60</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Moore</u>	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W^m H. Morgan

Licensed Embalmer No. 464

P. O. Address Advance,

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.