Dept. Health, Ec., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

0940X

FILED VS OCT 18 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-039459

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 391

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rural Farmington St. Francois Twp. — Inside Limits: No [X]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 43 State Hospital No. 4. — Length of stay in 1b: 7 das.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 164 Pecan St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Jessie Middle: Gertrude Last: Giboney

4. DATE OF DEATH: Month: Sept. Day: 28, Year: 1960

5. SEX: 3 Female

6. COLOR OR RACE: Negro

7. MARRIED [ ] **NEVER MARRIED** [ ] 2 **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: April 23, 1884

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months: 5 Days: 5 — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Bloomfield, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Sam Bess

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Thomas Giboney, Farmington, Mo.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Records, State Hospital No. 4, / Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute edema of the brain and lungs — INTERVAL BETWEEN ONSET AND DEATH: 3 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute alcoholism with Delirium Tremens — 5 das.
DUE TO (c) 322.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 September 21, 1960 to Sept. 28, 1960 and last saw the deceased alive on Sept. 28, 1960
Death occurred at 5:45 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John A. Brennan M.D.

22b. ADDRESS: State Hospital No. 4 Farmington, Missouri

22c. DATE SIGNED: 10-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct. 3, 1960

23c. NAME OF CEMETERY OR CREMATORY: Shady Grove ~~Cemetery~~

23d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

24. FUNERAL DIRECTOR: L. R. Sparks — ADDRESS: Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.: Oct. 3, 1960

26. REGISTRAR'S SIGNATURE: Esther Rudloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 193.140 RsMo 1949.

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.

1-0

NOV 15 1960

DEC 28 1960

OCT 21 1960

OCT 18 1960

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 ..... Signed Oliver H. Holmes

Signature of Student Embalmer

Licensed Embalmer No. 4190

P. O. Address Charleston

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.