

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-013272  
STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 37

AMENDED

FILED MAY 2 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Gentry	a. STATE	Missouri b. COUNTY Gentry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Albany	c. CITY OR TOWN	Albany
Length of stay in 1b		Inside Limits	
two days		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Gentry County Memorial Hospital	d. STREET ADDRESS (If outside, give location)	Reside on Farm
Inside Limits		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		RED I	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
PAUL	EDWARD	GIBBANY	April	27, 1961
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)
male	white		Oct. 10 '98	62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)
laborer		general labor		Gentry Co., Missouri
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE
Percy Irvin Gibbany		Nancy Louise Rice		Matilda Martin Gibbany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address
yes		W.W. I		Mrs. Paul E. Gibbany, Albany, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		5 days	
Thrombosis of Superior Vena Cava		15 years	
DUE TO (b)		3 yrs.	
Myocarditis			
DUE TO (c)			
hemiplegia 3 years			
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	

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 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
		Albany	Gentry MO
21. I attended the deceased from 1955 to 4-27-61 and last saw him alive on 4-27-61			
Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Deceased or title)		22b. ADDRESS		22c. DATE SIGNED
Frank H. Rose M.D.		Albany, Mo		4-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
burial	Apr. 30 1961	Grandview	Albany, Missouri	

24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Brooks-Cochell Funeral Home, Albany, Mo.		4-28-61	Mo. L. W. Bare

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAY 5 1961

MAY 3 1961

**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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Donald E. Cochell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.