

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-002304**

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 20

<b>FILED</b> JAN 29 1962		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)	
a. COUNTY <u>Jasper</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Webb City</u>		c. CITY OR TOWN <u>Mt. Vernon</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>Jane-Chinn</u>		d. STREET ADDRESS (If outside, give location) <u>Bliss Haven</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>McGibb</u> Last <u>McGibb</u>			4. DATE OF DEATH Month <u>1</u> Day <u>21</u> Year <u>1962</u>
5. SEX <u>Male</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>11-20-1868</u>
9. AGE (last birthday) <u>93</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lawrence Co. Mo.</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Robert A. McGibb</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Freeman</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>Mrs. Alpha Kramme</u>		Address <u>Stotts City Mo.</u>	
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) <u>Acute circulatory collapse</u>			
DUE TO (b) <u>Pneumonia</u>			
DUE TO (c) <u>Recumbency due to fractured left femur.</u>			
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 checked="" 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.) <u>Fell in house</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u>1-13-62</u> a.m. <u></u> p.m. <u></u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Mt. Vernon</u>	COUNTY <u>Mo.</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>1-13-62</u> to <u>1-21-62</u> and last saw him alive on <u>1-21-62</u>		Death occurred at <u>11:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO.</u>		22b. ADDRESS <u>624 W. Broadway, Webb City, Mo.</u>	22c. DATE SIGNED <u>2-24-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal &amp; Burial</u>	23b. DATE <u>1-24-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Round Grove</u>	23d. LOCATION (City, town, or county) (State) <u>N.W. of Miller Mo.</u>
24. FUNERAL DIRECTOR <u>Morris Feiman</u>	ADDRESS <u>Miller Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-24-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 *S. R. Seimon*

Licensed Embalmer No. 3297

P. O. Address Miller 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.