MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-018571
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 120

FILED JUN 11 1962

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington — Length of stay in 1b: 33 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Methodist Church — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Franklin
c. CITY OR TOWN: Washington — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. 1 E. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First ESTHER Middle JONES Last Gibbs
4. DATE OF DEATH: Month JUNE Day 3 Year 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-6-1894
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months 2 Days 27 — 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: Home
11. BIRTHPLACE (City and state or country): Chillicothe, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas Dick Jones
13b. MOTHER'S MAIDEN NAME: Carrie Adams
14. NAME OF HUSBAND OR WIFE: James T. Gibbs
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.: none
17. INFORMANT: James T. Gibbs, Address: Washington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Death probably caused by:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5-10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Unk.
DUE TO (c) Generalized Arteriosclerosis — Unk.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Hypertensive Cardiovascular Dis.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 to and last saw her/him alive on I never saw the Deceased after Dec. 1959
Death occurred at 10:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Samuel C. Bonney M.D.
22b. ADDRESS: 205 Elm Washington Mo
22c. DATE SIGNED: 6/5/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-6-1962
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Columbia, Missouri
24. FUNERAL DIRECTOR: Nieburg + Vitt Inc. ADDRESS: Washington Mo.
25. DATE RECD. BY LOCAL REG.: 6/5/62
26. REGISTRAR'S SIGNATURE: Leola C. Hudsmann
(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	3365		
2	3360		
3			
4	1		
5	1		
6			
7	0		
8	2		
9	4200		
10			
11			
12	91-0		
13	5-0		

BY AFFIDAVIT OF DOCUMENT

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 Vernon S. Vedder

Signature of Student Embalmer

Licensed Embalmer No. 5031

P. O. Address Washington, 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.