MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-019857
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0822
2 0570
3 1
4 1
5 1
6
7 0
8 2
9 490X
10
11
12 1-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 73

FILED JUN 6 1962

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana
Length of stay in 1b: 4WKs.
c. FULL NAME OF HOSPITAL OR INSTITUTION: Pike County Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lincoln
c. CITY OR TOWN Eolia — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFDI# I — Reside on Farm: Yes ☒ No ☒

3. NAME OF DECEASED (Type or print): First Jessie Middle Belle Last Gibbs
4. DATE OF DEATH: Month May Day 30 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: II/23/74
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months Days — 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): Eolia Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Hall
13b. MOTHER'S MAIDEN NAME: Jane Coffee
14. NAME OF HUSBAND OR WIFE: William Peter Gibbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: William P. Gibbs, Address: Eolia Missouri

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) Bilateral Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 4/29/62 to 5/30/62 and last saw her alive on 5/30/62
Death occurred at 5:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John K. Holcomb M.D.
22b. ADDRESS: 122 S.3rd St. Louisiana, Mo.
22c. DATE SIGNED: 5/31/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 1 1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove
23d. LOCATION (City, town, or county) (State): Eolia Missouri
24. FUNERAL DIRECTOR: Geo.M. Collier FUNERAL Home
ADDRESS: Eolia Mo.
25. DATE RECD. BY LOCAL REG.: June 1-1962
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. M. Collier

Licensed Embalmer No. 2829

P. O. Address Louisiana, 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.