MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62=041977
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB | AMENDED

VS 300 Rev. 4/59

1 0230
2 0230-
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4 1
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12 90-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 70 Primary Registration District No. _____ Registrar's No. _____

FILED DEC 3 1962

1. PLACE OF DEATH
a. COUNTY Clark
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Medill — Length of stay in 1b Most of life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print) First Middle Last: Nannie Lee Gibbs
4. DATE OF DEATH Month Day Year: Nov. 15, 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/28/1878
9. AGE (last birthday): 84 — 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): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Clark Co., Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Thomas Thompson
13b. MOTHER'S MAIDEN NAME: Lucretia Anderson
14. NAME OF HUSBAND OR WIFE: Jessie B. Gibbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT Address: Mrs. Farmsworth Medill, 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 40 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis
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. ☐ 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.) 9
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the decessed from 9-12-62, to 11-15-62 and last saw her alive on 11-15-62
Death occurred at 5-50-p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): S. H. Channing Do
22b. ADDRESS: Kahoka Mo
22c. DATE SIGNED: 11-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 17, 1962
23c. NAME OF CEMETERY OR CREMATORY: Wyaconda Cemtery
23d. LOCATION (City, town, or county) (State): Wyaconda, Missouri

24. FUNERAL DIRECTOR ADDRESS: Geith & Bushett Memphis, Mo.
25. DATE RECD. BY LOCAL REG.: 11-20-62
26. REGISTRAR'S SIGNATURE: J. R. Bridges Reg. N. B. H.

(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 George Gatt

Licensed Embalmer No. 5091

P. O. Address Memphis, 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.