

APR 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12461
Do not use this space.

1. PLACE OF DEATH

(a) County Schuylers Registration District No. 805
(b) Township Liberty Primary Registration District No. 4484 Registered No. 54
(c) City Lancaster (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

125 NATHAN ROSENCRANS GIBSON
(a) Residence, No. Lancaster mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MARY GIBSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jul 7 - 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 8 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuylers co Mo.

13. NAME Fletcher Gibson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Woodcock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Bessie Jeffries Lancaster mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lancaster mo DATE Mar 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mortchess Lancaster mo

20. FILED 3 18 19 Byrdie Drake Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 11 1939, to Mar 15 1939
I last saw him alive on Mar 12 1939 Death is said to have occurred on the date stated above, at 8:35 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration Date of onset _____
High blood pressure
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Dr. R. E. Vaughn M. D. O.
(Address) Lancaster, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-39-933

Date Filed APR 14 1930

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,

True + Minnie Morehead, or by

Registered Apprentice No., working under my personal supervision.

Signed True + Minnie Morehead

Licensed Embalmer No. 3680-3731

P. O. Address Lancaster 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 this body is not embalmed, above space should be left blank.