

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32258

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Jasper  
 (a) County Joplin  
 (b) City or town Joplin  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Freeman Hospital  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 2 days.  
 (Specify whether \_\_\_\_\_)  
 In this community 30 Years  
 (years, months or days)

3. (a) PRINT FULL NAME Arrel M. Gibson.  
 3. (b) If veteran, No name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lorene Gibson.  
 6. (c) Age of husband or wife if alive 34 years  
 7. Birth date of deceased Mar. 1, 1900  
 (Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 2 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Near Davis Oklahoma. 1  
 (City, town, or county) (State or foreign country)

10. Usual occupation Smelter employe 0

11. Industry or business Eagle Picher Lead Co.; 0

MOTHER FATHER { 12. Name Samuel D. Gibson.  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lottie Ruff.  
 15. Birthplace Missouri.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lorene Gibson  
 (b) Address 3113 E. 8th St. Joplin Mo;

17. (a) Burial (b) Date thereof 9-5-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OSBORN MEMORIAL PARK

18. (a) Signature of funeral director Hurlbut Und. Co;  
Joplin Missouri.

(b) Address \_\_\_\_\_  
 19. (a) 9-6-40 (b) Ed S. James  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3113 E. 8th St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Sept. 3, day 1940;  
 year \_\_\_\_\_ hour 2-20 P.M. minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 9-1-40  
9-3- 19\_\_\_\_, to 9-3 1940.  
 that I last saw him alive on 9-3- 1940.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aneurism of Middle Meningeal Artery  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 96

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Same as Above.  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
372

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] M.D. \_\_\_\_\_  
 Address Joplin Date signed 9/3-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 27 1955

**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.....  
....., Registered-Apprentice No.....  
working under my personal supervision.

Signed... *Sam E. Senneker*  
Licensed Embalmer No. *4099*  
P. O. Address *Joplin Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.