

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43744

JAN 25 1941

Registration District No. 773

Primary Registration District No. 60184

Registrar's No. 208

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Near Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yr. 0 mo. 17 da
(Specify whether
In this community 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Marquand
(If outside city or town limit, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Joe Gipson

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Un. years
7. Birth date of deceased August 5 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Madison Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Public works

11. Industry or business 7

12. Name William Gipson

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Carrell

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 12-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery of State Hosp #1 Farmington, Mo.

18. (a) Signature of funeral director C. Hugo Cozean
(b) Address Farmington, Mo.

19. (a) Dec 29-40 (b) B. J. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1940 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from 12-12, 1938, to 12-29, 1940, that I last saw him alive on 12-28, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary sclerosis & thrombosis
Right coronary artery (Subham)
Generalized arterio sclerosis with
familial psychosis
hypertensive heart disease - mal
perfusion anemia
(Include pregnancy within 3 months of death)

Duration

1936

Major findings: Of operations none

Of autopsy yes

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) no

(b) Date of occurrence no

(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? _____

While at work? no (Specify type, place) _____ means of injury _____

23. Signature Geo. Tivis Graves, Jr (M. D. or other) M. D.

Address Farmington, Mo. Date signed _____

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

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..... Not embalmed

Licensed Embalmer No.....

P. O. Address.....

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.