

FILLED JUL 16 1941

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 41

1. PLACE OF DEATH

(a) County Bates  
 (b) City or town Burles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
North Water St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
 (c) City or town Burles  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. North Water St. 0  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
 year 1941 hour 4 minute P.M.  
 21. I hereby certify that I attended the deceased from  
May 4 1940 to June 23 1941  
 that I last saw him alive on June 23 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral Thrombosis  
 Due to \_\_\_\_\_

Due to Chr. Myocarditis  
Chr. Myocarditis  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature Carte W. Luedtke (M. D. or other) \_\_\_\_\_  
 Address Burles Mo Date signed 7-24-41

3. (a) PRINT FULL NAME WILBURN Y. GIBSON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy Gibson 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 7 1873  
 (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 16  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bates Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Owner Recreation

11. Industry or business Porter

12. Name Isaac Gibson

13. Birthplace not know Illinois (City, town, or county) (State or foreign country)

14. Maiden name Emma Dale Bell

15. Birthplace not know Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W W Gibson

(b) Address Burles Mo

17. (a) burial (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (Burial, cremation, or removal)

(c) Place: burial or cremation Out Here

18. (a) Signature of funeral director Charles 53

(b) Address Burles Mo  
 19. (a) June 25 41 (b) Nona L. Culver  
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1194

Date Filed 7-15-41

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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.....

*R. Stanton Lusk*

Licensed Embalmer No. ....

*4123*

P. O. Address.....

*Butte, 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, fact should be so stated above.**