

FILED APR 14 1942

Registration District No. 1027

Primary Registration District No. 5-25-5-

Registrar's No. 12

1. PLACE OF DEATH:  
(a) County Christian  
(b) City or town Ozark Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Furley Hosp. Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether)  
In this community 10 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Christian  
(c) City or town Rural Ozark  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME J. Frank Gibson  
3. (b) If veteran, name war 0  
3. (c) Social Security No. 0

4. Sex M. 5. Color or race W.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rebecca Gibson  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased 12 1908  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 5  
If less than one day hr. min.

9. Birthplace Ferry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name George Gibson  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Fizzie Horns  
15. Birthplace Blount Knoxville  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rebecca Gibson

(b) Address Ozark Mo. R.R.

17. (a) Buried (b) Date thereof March 19 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shubbsburg Cemetery

18. (a) Signature of funeral director T. W. Chaffin

(b) Address Ozark Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1942 hour 1 minute 9 A.M.

21. I hereby certify that I attended the deceased from Jan 13, 1941, to Mar 18, 1942  
that I last saw him alive on Mar 15, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic indolent disease with vascular changes - Duration 5 yrs

Due to Rheumatism

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92C

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

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? (Specify type of place) (e) Means of injury

23. Signature P. R. Faithing (M. D. or other) 0

Address Ozark Mo. Date signed 4-6-1942

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

RECEIVED

District Health Officer No. 6,

District File Number 442-511

Date Filed APR 11 1942

**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

*T. B. Chaffin*

Licensed Embalmer No. 2152

P. O. Address Clark, Iowa

**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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10 528

Registration District No. 184

Primary Registration District No. 5255

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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 \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME J. Frank Gibson

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 12 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director J. B. CHAFFIN

(b) Address OSARK, MO

19. (a) Apr. 4 1942 (b) MRS. MAHLON STINE (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month \_\_\_\_\_ day \_\_\_\_\_ year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

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

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

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

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

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-10528

1942