

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30579**
Registrar's No. **126**

FILED SEP 24 1946
Registration District No. **133**

Primary Registration District No. **5572**

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

1. PLACE OF DEATH: **Jackson**

(a) County **Rural: Van Buren**

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **2 1/2 mi N.W. Lone Jack**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
life (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Rural - Van Buren**
(If outside city or town limits, write "RURAL")

(d) Street No. **2 1/2 mi N.W. Lone Jack**
(If rural, give location) **no**

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **John Gibson**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **male**

5. Color of race **White**

6. (a) Single, widowed, married, divorced **single**

6. (c) Age of husband or wife if alive **1859** years

7. Birth date of deceased **Aug. 1**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4**
year **1946** hour **13:00** minute _____ P. M.

21. I hereby certify that I attended the deceased from **January 22, 1946** to **August 1, 1946**
that I last saw him alive on **August 1, 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **87** Months _____ Days **3**
If less than one day _____ hr. _____ min.

Immediate cause of death: **Coronary Thrombosis** Duration **1 wk**

Due to **arteriosclerosis** **5 yrs.**

Due to **Senility**

Other conditions: **Myocardial Infarction** **5 yrs.**
(Include pregnancy within 3 months of death)

9. Birthplace **Lone Jack Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Perry Gibson**

13. Birthplace **?** **Va.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Bobinson**

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

Major findings:
Of operations _____

Of autopsy **A2B**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Anderson Long**

(b) Address **Lees Summit, Missouri.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-8-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lone Jack, Missouri.**

18. (a) Signature of funeral director **Allen Brownfield**
Pleasant Hill, Missouri.

(b) Address _____

19. (a) **8/5/46** (Date received local registrar) (b) **John G. Long** (Registrar's signature)

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? **2**

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

23. Signature **R. E. Warren** (M. D. or other) **DD.**
Address **Oak Grove, Mo** Date signed **8-5-46**

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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.....

By me 8-4-46......, Registered Apprentice No.....
working under my personal supervision.

Signed *Allen Brownfield*.....

Licensed Embalmer No. *3785*.....

P. O. Address. *Pleasant Hill, Va.*.....

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.