

S. No. 2
DM-5443
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

12694

State File No.

FILED MAY 13 1947
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 147

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
932 Giboney
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community 15 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 932 Giboney
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Thomas F. Gibson

3. (b) If veteran, 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 Alma Gibson

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

7. Birth date of deceased July 22 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>10</u>	hr. min.

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

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Police Dept.

(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof May 4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount Cemetery

18. (a) Signature of funeral director James R. Cady

(b) Address Cape Girardeau, Missouri

19. (a) 5-5-1947 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1947 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from January 2nd, 1946 to May 2, 1947
that I last saw him alive on April 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac dilatation, acute

Due to Myocarditis, chronic

Other conditions (Include pregnancy within 3 months of death) _____

Duration
<u>10</u>
Min.
<u>2</u>
yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations 93D

Of autopsy _____

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? ✓

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

23. Signature [Signature] (M. D. or other) _____

Address 151 N. Ellis St., Cape Girardeau, Mo. Date signed 5/5/47

1947

RECEIVED

District Health Officer No. 4

District File Number 547-677

Date Filed 5-12-47

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.....

Lawrence Beckman

Registered Apprentice No. 493

working under my personal supervision.

Signed *James Richard Cady*

Licensed Embalmer No. 4309

P. O. Address Cape Girardeau, 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.