No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 6 1948

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 9270

Registrar's No. 26

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 days (Specify whether years, months or days)
In this community 41 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Bernie
(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

103
1
0
1

3. (a) PRINT FULL NAME: Cecil Everett Gibson
3. (b) If veteran, name war: no
3. (c) Social Security No.: unknown

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Catherine Musgrove
6. (c) Age of husband or wife if alive: 29 years
7. Birth date of deceased: April (Month) 11 (Day) 1913 (Year)

8. AGE: Years 34 Months 10 Days 10 If less than one day hr. min.

9. Birthplace: Bernie (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Clerk
11. Industry or business:
FATHER 12. Name: George Thomas Gibson
13. Birthplace: Dunklin County Missouri (City, town, or county) (State or foreign country) 0
MOTHER 14. Maiden name: Nancy Ann Harris
15. Birthplace: Dunklin County, Mi ssouri (City, town, or county) (State or foreign country) 0
16. (a) Informant: Ethel McMichael, Record Clerk
(b) Address: Mo. State San., Mount Vernon, Mo.
17. (a) Cremated (Burial, cremation, or removal) (b) Date thereof 2-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Springfield, Mo
18. (a) Signature of funeral director: Geo B Orr, Mr Ramon E Anderson
(b) Address: Springfield Mo
19. (a) Feb 23 1948 (Date received local registrar) (b) O K Shelbing (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1948 hour 6 minute 50 p. M.
21. I hereby certify that I attended the deceased from January 12, 1948 to February 21, 1948 that I last saw him alive on February 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary tuberculosis	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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: 0
23. Signature: Roy W Dickman (M. D. or other)
Address: Mo. State San, Mount Vernon, Mo. Date signed: 2-21-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 348-344
Date Filed MAR 31 1948

APR 30 1948

APR 15 1948

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 Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon

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.

No. 300
-10-47.
5-17-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Corrected Certificate

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 days (Specify whether
In this community 41 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bernie
(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 Cecil Everett Gibson

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Musgrove Gibson

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased April (Month) 11 (Day) 1913 (Year)

8. AGE: Years 34 Months 10 Days 10 Less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name George Thomas Gibson
13. Birthplace Dunklin County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nancy Ann Harris
15. Birthplace Dunklin County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1948 hour 6:50 minute P M.

21. I hereby certify that I attended the deceased from January 12, 1948 to Febuary 21, 1948 that I last saw him alive on February 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Subacute bacterial endocarditis — Duration: Over 6 months.

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)

(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 C. A. Brasher M.D. (M. D. or other)

Address C. A. Brasher, M.D. Mount Vernon, Missouri Date signed 4-27-48

(Licensed Embalmer's Statement on Reverse Side)

SUPPLEMENTARY

9/a

S-9270

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.....

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, fact should be so stated above.