

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11669

FILED MAY 6, 1948 43

State File No. \_\_\_\_\_  
Registrar's No. 145

Registration District No. \_\_\_\_\_ Primary Registration District No. 5142

1. PLACE OF DEATH:  
(a) County BUTLER  
(b) City or town RURAL NEELYVILLE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NEELY TWP.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 YRS. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County BUTLER  
(c) City or town RURAL  
(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 CLEMY C. GIPSON

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

4. Sex FEMALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JOE GIPSON  
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JUNE 6 1874  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 20  
If less than one day hr. min.

9. Birthplace MODEL TENN!  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name J. P. RUSHING

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

14. Maiden name LIZZIE COOK

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

16. (a) Informant Joe Gipson

(b) Address Star Route, Neelyville, Mo

17. (a) BURIAL (b) Date thereof 4-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COON ISLAND CEMETERY

18. (a) Signature of funeral director R. J. Selig Jr.

(b) Address Black's Mortuary, Springfield

19. (a) 4-28-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 1947 to April 1948  
that I last saw her alive on April 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary of the pancreas & liver

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none

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 \_\_\_\_\_  
Signature \_\_\_\_\_ (M. D. or other)  
Address \_\_\_\_\_ Date signed April 24-48

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

RECEIVED

District Health Office No. 2

District File Number 548-581

Date Filed 5-5-48

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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 Roman J. Selig Jr.  
Licensed Embalmer No. 562  
P. O. Address Conning, Ark.

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.