No. 300
10.48

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4539

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 214

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2
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1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena Mo.
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Jess
b. (Middle):
c. (Last): Gipson

4. DATE OF DEATH (Month): March (Day): 4 (Year): 49

5. SEX: M

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept. 3-1892

9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR: Months: Days | IF UNDER 24 HRS.: Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Stone Co. Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John S. Gipson

13b. MOTHER'S MAIDEN NAME: Callie Watkins

14. NAME OF HUSBAND OR WIFE: Tellie Gipson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: ? ✓

17. INFORMANT'S SIGNATURE OR NAME: Tellie Gipson **ADDRESS**: Galena Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage left — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension moderate

~~DUE TO~~ (c) Uremia & Coma sec to (b)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Burgers Disease 331X

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 2 March, 1949, *to* 4 March, 1949, *that I last saw the deceased alive on* 4 March, 1949, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Stanley S. Peterson (Degree or title): MD

23b. ADDRESS: Springfield, Missouri

23c. DATE SIGNED: 4 March 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Crane Mo

24b. DATE: March 6-49

24c. NAME OF CEMETERY OR CREMATORY: Crane Cem.

24d. LOCATION (City, town, or county) (State): Crane Mo

DATE REC'D BY LOCAL REG.: 3-4-49

REGISTRAR'S SIGNATURE: W E Handley MD

25. FUNERAL DIRECTOR'S SIGNATURE: Everett J. Cheatham **ADDRESS**: Galena Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Signed Everett J. Cheatham

Signed .....
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Galena 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.