

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5480
Registrar's No. 4

BIRTH NO. 4 REG. DIST. NO. 192 PRIMARY REG. DIST. NO. 5702

69

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

1. PLACE OF DEATH a. COUNTY <i>McDonald</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>McDonald</i>	
b. CITY OR TOWN <i>Rural McMillan Twp</i>		c. CITY OR TOWN <i>Rural McMillan Twp</i>	
c. LENGTH OF STAY (in this place) <i>93</i>		d. STREET ADDRESS (If rural, give location) <i>3 1/2 miles west of Langdon</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>3 1/2 miles west of Langdon</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>EVELYN</i>	b. (Middle) <i>G</i>	c. (Last) <i>GIBSON</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 31 1949</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Jan 6, 1916</i>	9. AGE (In years last birthday) <i>33</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>26</i> Hours <i>2</i> Min. <i>0</i>	IF UNDER 6 HRS. Hours <i>2</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Lon Mansfield</i>	13b. MOTHER'S MAIDEN NAME <i>Maggy Lewis</i>	14. NAME OF HUSBAND OR WIFE <i>Larkin Gibson</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Larkin Gibson Anderson no.</i>	ADDRESS <i>Anderson no.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis, Acute</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) <i>Pleurothoracic</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *12-29, 1948*, to *1-24, 1949*, that I last saw the deceased alive on *1-24, 1949*, and that death occurred at *6:05 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>E. Millay, Jr.</i>	(Degree or title)	23b. ADDRESS <i>Langdon, Mo.</i>	23c. DATE SIGNED <i>1-31-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>2-6, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Langdon</i>	24d. LOCATION (City, town, or county) (State) <i>Langdon Mo</i>
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DATE REC'D BY LOCAL REG. <i>2-4-49</i>	REGISTRAR'S SIGNATURE <i>Virginia Buel</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John Tatum</i>	ADDRESS <i>Tatum Funeral Home Anderson no.</i>
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RECEIVED

District Health Officer No. 6,
District File Number 349-227
Date Filed 2-3-49

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 me

Student Embalmer No. ✓

working under my personal supervision.

Signed R.E. Cheatham

Signed ✓
Student Embalmer

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.