

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

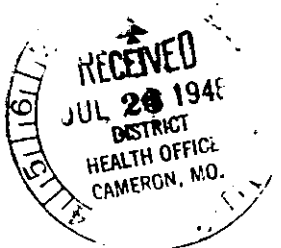
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | |
|---|--|--|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>99</u> | | PRIMARY REG. DIST. NO. <u>4170</u> | | Registrar's No. <u>31</u> | |
| 1. PLACE OF DEATH Home a. COUNTY DeKalb Co. Mo. | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY DeKalb | | | |
| b. CITY OR TOWN Union Star | | c. LENGTH OF STAY (In this place) All Life | | c. CITY OR TOWN Union Star | | 32 0 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Elisha c. (Last) Gibson | | | 4. DATE OF DEATH (Month) (Day) (Year) July 3, 1949 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Sept. 7, 1882 | |
| 9. AGE (In years last birthday) 66 | | IF UNDER 1 YEAR Days 9 Year 26 | | IF UNDER 24 HRS. Hours Mins. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Un Known | | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME William | | | 13b. MOTHER'S MAIDEN NAME Mry Coleman | | 14. NAME OF HUSBAND OR WIFE Zephor Gibson | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OF NAME Zephor Gibson | | | ADDRESS Union Star |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH July 2nd July 3rd + 22nd |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from May 19 1949 , to July 3rd 1949 , that I last saw the deceased alive on July 3rd 1949 , and that death occurred at 6 A.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) J.M. Hartsock D.O. | | | 23b. ADDRESS 21 Box 201 Union Star Mo. | | 23c. DATE SIGNED July 3rd 1949 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 6, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Union Star | | 24d. LOCATION (City, town, or county) (State) Union Star Mo. | |
| DATE REC'D BY LOCAL REG. 7-18-49 | | REGISTRAR'S SIGNATURE Rosa Davidson | | 82 25. FUNERAL DIRECTOR'S SIGNATURE R. J. Haggart | | ADDRESS King City Mo. | |

(Licensed Embalmer's Statement on Reverse Side)



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 R. G. Taggart.....

Signed..... Licensed Embalmer No. 2563

Student Embalmer

P. O. Address King City 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.