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

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42213

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins	
d. FULL NAME OF HOSPITAL OR INSTITUTION /			d. STREET ADDRESS (If rural, give location) 20		

3. NAME OF DECEASED (Type or Print)	a. (First) NANCY	b. (Middle) M.	c. (Last) GIBSON	4. DATE OF DEATH (Month) (Day) (Year) Nov 30, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug-24-1863	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 6	IF UNDER 4 HRS. Hours /	IF UNDER 15 MIN. Min. /
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Reynolds Co, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A
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13a. FATHER'S NAME Jake Sutterfield	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Green Gibson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Fred Gibson,	ADDRESS Elvins, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Two days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Deletion of heart myocardial failure.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial Hypertension arterial sclerosis DUE TO (c) Myocarditis chronic nephritis chronic		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Interval between onset and death Several years Several years Several years Several years 45 21	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) Elvins	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Francois Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? /
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22. I, hereby certify that I attended the deceased from 9-26-49, 1949, to 11-30-49, 1949, that I last saw the deceased alive on 11-30, 1949, and that death occurred at 7:07 P.m., from the causes and on the date stated above.

23a. SIGNATURE Paul L. Jones M.D.	(Degree or title)	23b. ADDRESS Flat River, Missouri	23c. DATE SIGNED 12-3-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec-3-1949	24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	24d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.
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DATE REC'D BY LOCAL REG. Dec. 17, 1949	REGISTRAR'S SIGNATURE Catherine Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE SPARKS	ADDRESS Flat River, Mo
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12-27-49

Office of Reg. No. 4

License Number 1249-16

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.

Student Student Embalmer

Signed

Murphy L. ...

Licensed Embalmer No. 4234

P. O. Address Flat River, ...

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.