

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4610

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4203 Registrar's No. 28

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Grundy</u>	a. STATE <u>mo</u>	b. COUNTY <u>Grundy</u>	b. COUNTY <u>Grundy</u>
b. CITY (If outside corporate limits, write RURAL and give township) <u>Galt</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Galt</u>	<u>0003</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENRY</u>	b. (Middle) <u>WALTER</u>	c. (Last) <u>GIBSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 22 - 50</u>
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5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-20-1873</u>	9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR Months Days	# UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Grundy Co mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Mitchel Gibson</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Vencil</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Shelton Gibson</u>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Warren Gibson</u>	ADDRESS <u>Galt mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio Sclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7221</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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.)	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 1-1-, 1950, to 2-22, 1950, that I last saw the deceased alive on 2-22-, 1950, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Weston M.D.</u>	(Degree or title)	23b. ADDRESS <u>Galt, Mo</u>	23c. DATE SIGNED <u>2-23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2-25-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Greenton mo Rural</u>
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DATE REC'D BY LOCAL REG. <u>2/25/50</u>	REGISTRAR'S SIGNATURE <u>Jane Fair</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>DR Payne</u>	ADDRESS <u>Galt mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

P. K. Payne Jr.

Licensed Embalmer No. 3400

P. O. Address.....

Galt

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.