

5: No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7492

FILED MAR 24 1950

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 419

3020

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

1. PLACE OF DEATH a. COUNTY <u>Andrew Farm Home</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Modaway Twp RR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City RR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Beulah</u>	b. (Middle) <u>Margaret</u>	c. (Last) <u>Gibson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 28 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-7-1916</u>	9. AGE (In years last birthday) <u>33</u>	10 UNDER 1 YEAR Months <u>2</u>	11 UNDER 1 YEAR Days <u>25</u>	12 UNDER 1 YEAR Hours <u></u>	13 UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	11. BIRTHPLACE (State or foreign country) <u>Andrew Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Orley Wall</u>	13b. MOTHER'S MAIDEN NAME <u>Ina Laffoon</u>	14. NAME OF HUSBAND OR WIFE <u>Clayton 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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clayton Gibson, King City, Mo.</u>	ADDRESS <u>RR</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 mo.</u> <u>3 1/2 mo.</u> <u>175X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Liver</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Cancer of ovary</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>11-11-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cancer of ovary with melastasis</u>	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) (Min.)	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 11-11, 19 49, to Feb 28, 19 50 that I last saw the deceased alive on Feb 28, 19 50 and that death occurred at 8:10 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Blacklock M.D.</u>	23b. ADDRESS <u>King City Mo.</u>	23c. DATE SIGNED <u>3/3-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-3-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Star Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>King City, Mo. RR</u>
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DATE REC'D BY LOCAL REG. <u>3-13-50</u>	REGISTRAR'S SIGNATURE <u>L. Sparks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Jaggard</u>	ADDRESS <u>King City, Mo.</u>
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MAY 7 1951



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.....
Student Embalmer

Licensed Embalmer No. *2563*

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.