

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7244

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4506 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex		c. LENGTH OF STAY (in this place) OR TOWN Essex, 60 yr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Moses		b. (Middle) Bailey	
c. (Last) Gibson		4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Feb. 8, 1868
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Gibson	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XX		16. SOCIAL SECURITY NO. XX	
17. INFORMANT'S SIGNATURE OR NAME Laura Young		ADDRESS Flint Mich 625 Victoria St.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina & Cardiac Enlargement DUE TO (c) myocardial infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION:	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-2 , 1951, to 2-16 , 1951, that I last saw the deceased alive on 2-16 , 1951, and that death occurred at 7:47 m., from the causes and on the date stated above.			
23a. SIGNATURE S. S. Weaver M.D.		23b. ADDRESS Dexter Mo	
23c. DATE SIGNED 2/17/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-18-51	
24c. NAME OF CEMETERY OR CREMATORY Essex cemetery		24d. LOCATION (City, town, or county) (State) Essex, Mo.	
DATE REC'D BY LOCAL REG. Feb. 20 1951		REGISTRAR'S SIGNATURE Howe Webber	
25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. Dexter, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

1030

1030

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No. 6

No.

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

Walter Marsh Watkins

Licensed Embalmer No. *4717*

P. O. Address *Depton, 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.