

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22612

S. No. 300  
rv. 10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 26

0351

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

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Malden</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Malden</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>310 E. Ozark</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>310 E. Ozark</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CYNTHIA</b> b. (Middle) _____ c. (Last) <b>GIPSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 7 1951</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 25, 1884</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR (Months) <b>6</b> IF UNDER 24 HRS. (Days) <b>12</b> (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Joe A. Gipson</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joe A. Gipson 310 E. Ozark, Malden, Mo</b>
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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 <b>July 4-</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hardening of Arteries</b>		
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"/>
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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) <b>331X</b>
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?

22. I hereby certify that I attended the deceased from **July 4, 1951**, to **July 7, 1951**, that I last saw the deceased alive on **July 6, 1951**, and that death occurred at **2:30 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. C. ...</b>	23b. ADDRESS <b>Malden</b>	23c. DATE SIGNED <b>July 9/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 10, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clarkton, Mo. Rte. #1</b>
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DATE REC'D BY LOCAL REG. <b>7-14-51</b>	REGISTRAR'S SIGNATURE <b>J. D. Schuman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Landess Funeral Home Campbell, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-16-51

COUNTY FILE NUMBER 751-188

**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 Christina M. Sanders

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.