

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 24200

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Francois</i>	
b. CITY OR TOWN <i>Leaderton</i>		c. CITY OR TOWN <i>Leaderton</i> <i>0940</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <i>Mr. James</i> b. (Middle) <i>Henry</i> c. (Last) <i>Gibson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 31 - 1951</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White-Cauc.</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married 1</i>	8. DATE OF BIRTH <i>Jan 9 - 1881</i>
9. AGE (In years last birthday) <i>70-6-22</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	11. BIRTHPLACE (State or foreign country) <i>Williamsville, Mo.</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Joseph Lead Co.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Mr. William Gibson</i>		13b. MOTHER'S MAIDEN NAME <i>Julia Sherman</i>	14. NAME OF HUSBAND OR WIFE <i>Mr. Annie May Birmingham Gibson</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>493-03-9947</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Annie May Gibson (Wife) Leaderton, Mo.</i>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intra-aural hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2d</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>hypertension</i>	
ANTECEDENT CAUSES		DUE TO (c) <i>arterio-sclerosis</i>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<i>Chronic interstitial nephritis</i>	
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 <i>331X</i>		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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 19 51</i> , to <i>July 31 51</i> , that I last saw the deceased alive on <i>July 30</i> , 19 <i>51</i> and that death occurred at <i>8 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. P. Gabe M.D.</i>		23b. ADDRESS <i>Leaderton, Mo.</i>	23c. DATE SIGNED <i>8-6-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>Aug. 2 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>F.O.O.F. Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Beauregard, Mo.</i>
DATE REC'D BY LOCAL REG. <i>Aug 6, 1951</i>	REGISTRAR'S SIGNATURE <i>Esther Rudolph</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alvin W. Hood - 303 Crane St. St. Francois, Mo.</i>	

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

THE DISTRICT HEALTH OFFICE

AUG 9 1951

RECEIVED

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 Alois W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crown St. East Point

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.