

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1951

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 299

143
0

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

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portland</u> - 1140	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Callaway Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WARREN</u> c. (Last) <u>GIBSON</u>			4. DATE OF DEATH (Month): (Day) (Year) <u>OCT 21 1951</u>	
---	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 13 1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Days <u>7</u>	IF UNDER 24 HRS. Hours <u>8</u> Min.
--------------------	-------------------------------	---	---------------------------------------	---	-------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>Captain M. Gibson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary C. Wren</u>	14. NAME OF HUSBAND OR WIFE <u>Lelia M. Gibson</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. James W. Gibson</u>	ADDRESS <u>Portland, Mo.</u>
---	--	--	------------------------------

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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Jauundice</u>		
	DUE TO (c) <u>Ca. Head of Pancreas</u>		
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) <u>157X</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Oct 1, 1951, to 10-21, 1951, that I last saw the deceased alive on 10-21, 1951, and that death occurred at 6:00 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>John P. Brown M.D.</u>	(Degree or title)	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>10-24-51</u>
--	-------------------	-------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/23/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portland</u>	24d. LOCATION (City, town, or county) (State) <u>Portland, Mo.</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Oct. 27. 1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marjorie Lawrence</u>	ADDRESS <u>Fulton Mo</u>
---	---	-----	---	--------------------------

File No.
DISTRICT HEALTH OFFICE No. 4

OCT 27 1951

RECEIVED

JUL 27 1955
5561 0 3 NHP

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 J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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.