

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34714**
Registrar's No. **183**

FILED **SEP 21 1953**

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 183	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall			c. LENGTH OF STAY (In this place) Lifetime	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall			0
d. FULL NAME OF HOSPITAL OR INSTITUTION 600 S. Brunswick				d. STREET ADDRESS (If rural, give location) 600 S. Brunswick			
3. NAME OF DECEASED (Type or Print) a. (First) Edith		b. (Middle)		c. (Last) Gibson, Gorham		4. DATE OF DEATH (Month) (Day) (Year) Sept 12, 53	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan. 27, 1890		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 6 Days 15 Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Marshall, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Taylor Gibson		13b. MOTHER'S MAIDEN NAME Virginia Harris		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie Frye		ADDRESS Kansas City, Kansas	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Autopsy	
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) _____		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT <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 9/12 , 19 53 to sept 12 , 19 53 that I last saw the deceased alive on 9/12 , 19 53 and that death occurred at 10:57p , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED [Date]	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 9/16/53	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) Marshall, Mo.		(State) _____
DATE REC'D BY LOCAL REG. 9-16-1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS _____			

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

S. No. 300
v. 10.46

0972
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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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Signed *George Green*
.....
Student Embalmer No.

Licensed Embalmer No. *4230*

P. O. Address *Marshall Ave*

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.