S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 23 1953

State File No. 39855

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 E. 12th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville
d. STREET ADDRESS (If rural, give location): 400 E. 12th Street

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3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Edgar
c. (Last): Gipson

4. DATE OF DEATH (Month) (Day) (Year): Nov 11 53

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1 Feb 1897
9. AGE (In years last birthday): 56 — If under 1 year: Months 9, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Dental Proffession
11. BIRTHPLACE (City and State or Foreign Country): Smith Co. Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jerry Gipson
13b. MOTHER'S MAIDEN NAME: Priscilla (Unknown)
14. NAME OF HUSBAND OR WIFE: Allene Gipson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Allene Gipson — ADDRESS: 400 E. 12th St. C'ville, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — unknown
DUE TO (c):

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: 331 X.
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Nov, 1953, *to* 11 Nov, 1953, *that I last saw the deceased alive on* 11 Nov, 1953, *and that death occurred at* 12:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Caruthersville, Mo
23c. DATE SIGNED: 13 Nov 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 15 Nov 53
24c. NAME OF CEMETERY OR CREMATORY: Morgans Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

DATE REC'D BY LOCAL REG.: Nov 14, 1953
REGISTRAR'S SIGNATURE: Tressie B. Wilks 247
25. FUNERAL DIRECTOR'S SIGNATURE: Philip Woods — ADDRESS: C'ville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

11-365-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 20 1953

DEC 8 1953

NOV 24

NOV 23 195

NOV 25 1953

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 Philip D Moore

Licensed Embalmer No. 4833

P. O. Address Cuba 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.