

FILED FEB 1 - 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 1688

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe 0590	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1402 Webster St.		d. STREET ADDRESS (If rural, give location) 1402 Webster St. 0	
3. NAME OF DECEASED (Type or Print) a. (First) MOLLIE b. (Middle) EUOLA c. (Last) GIBSON			4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1955
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 14, 1862
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Iowa City, Iowa /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Christian Detwiler	
13b. MOTHER'S MAIDEN NAME Caroline Ham		14. NAME OF HUSBAND OR WIFE John Gibson (DEC)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX	
17. INFORMANT'S SIGNATURE OR NAME Miss Jessie Gibson, Chillicothe, Mo.		ADDRESS	
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) <i>Chr myocarditis</i> 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. <i>Cerebral arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	
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 (Month) (Day) (Year) (Hour) OF INJURY		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 _____, 1945, to 1-23-1955, that I last saw the deceased alive on 1-21-1955, and that death occurred at 5 A. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>J. M. Dowell, M.D.</i> (Degree or title)		23b. ADDRESS Chillicothe, Mo.	
23c. DATE SIGNED 1-24-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 25, 1955	
24c. NAME OF CEMETERY OR CREMATORY To Iowa City, Iowa		24d. LOCATION (City, town, or county) (State) Iowa City, Iowa	
DATE REC'D BY LOCAL REG. 1-24-55		REGISTRAR'S SIGNATURE <i>Frances B. Nail</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Donald H. Lee</i>		ADDRESS Chillicothe, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0.48

**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 Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe, 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.