

No. 38
10. 48

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17513

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY Vernon.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Vernon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada

c. LENGTH OF STAY (In this place)

c. CITY OR TOWN Nevada

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Nevada City Hosp.

e. STREET ADDRESS (If rural, give location) 1101 E. Division

3. NAME OF DECEASED (Type or Print)
a. (First) Roy b. (Middle) S. c. (Last) Gibson

4. DATE OF DEATH (Month) (Day) (Year)
5 18 55

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH March 27, 1887

9. AGE (In years last birthday) 68
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 14 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Ret. Labor

11. BIRTHPLACE (City and State or Foreign Country) Freemont, Neb.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Clark S. Gibson

13b. MOTHER'S MAIDEN NAME Mary Ann Gibson

14. NAME OF HUSBAND OR WIFE Allice J. Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 491-05-8949

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Gibson, Nevada, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma prostate

ANTECEDENT CAUSES
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
0 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
177 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)

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 JAN 15, 1955, to MAY 18, 1955, that I last saw the deceased alive on MAY 18, 1955, and that death occurred at 4:02 pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS Nevada

23c. DATE SIGNED 5/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-20-55

24c. NAME OF CEMETERY OR CREMATORY Moore Cemetery

24d. LOCATION (City, town, or county) (State) Nevada, Mo.

DATE REC'D BY LOCAL REG. 5-21-55

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Nevada, Mo.

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard L. Holton*.....

Licensed Embalmer No. *R*.....

P. O. Address *Waco*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.