

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23378

State File No.

No. 300

10-48

FILED JUL 19 1955

BIRTH NO. 724 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 199

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. Francois</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doe Run</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doe Run</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0940</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZA</u> b. (Middle) <u>EMILY</u> c. (Last) <u>GIBSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1955</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>8-31-1870</u> | | 9. AGE (In years last birthday) <u>84</u> | | IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u> | |
| IF UNDER 1 YEAR Hours <u></u> Min. <u></u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <u>Texas Co. Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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| 13a. FATHER'S NAME <u>Anderson Gann</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sally Rust</u> | | 14. NAME OF HUSBAND OR WIFE <u>Elias Gibson (Deceased)</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marjorie Donohue Farmington Mo.</u> | |
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| 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) <u>Carcinoma of Lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> 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. <u>Bronchopneumonia (Terminal)</u> | | | |

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|------------------------|--|---|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>161X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from July 19 1953 to July 10 1955 that I last saw the deceased alive on July 7, 1953 and that death occurred at 5:30A m., from the causes and on the date stated above.

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|--|--|---------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>C. E. Carleton M.D.</u> | | 23b. ADDRESS <u>Farmington Mo.</u> | | 23c. DATE SIGNED <u>7-11-55</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7/12/1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Pendleton Cem.</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Doe Run, Mo.</u> | | | | | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>JULY 11, 1955</u> | | REGISTRAR'S SIGNATURE <u>Cather Rudloff</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Funeral Home Farmington Mo</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

940

3561 AUG 1 1958

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 Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington 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.