

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1133**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5470** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy		
b. CITY (If outside corporate limits, write RURAL and give township) Spickard Myers Twp.		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Spickard	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) Myers Twp. 0460		

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) JANE c. (Last) GIBSON			4. DATE OF DEATH (Month) (Day) (Year) 1-2-1956		
5. SEX Le 1		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH 2-5-1868	
11. BIRTHPLACE (City and State or Foreign Country) Grundy Co. Mo.			9. AGE (In years last birthday) Months Days Hours Min. 87		
12. CITIZEN OF WHAT COUNTRY? USA			14. NAME OF HUSBAND OR WIFE Eugene Gibson		

13a. FATHER'S NAME James Berry		13b. MOTHER'S MAIDEN NAME Mary Whelan		14. NAME OF HUSBAND OR WIFE Eugene Gibson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Gibson Spickard 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 years	
		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. 331X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 OF INJURY (Month) (Day) (Year) (Hour)		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 **Jan 14, 1955**, to **Jan 22, 1956**, that I last saw the deceased alive **Jan 21, 1956**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Oliver F. Duff, M.D.		23b. ADDRESS Newton Mo		23c. DATE SIGNED Jan 4th 1956	
---	--	----------------------------------	--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-4-56		24c. NAME OF CEMETERY OR CREMATORY Berry Cem.	
				24d. LOCATION (City, town, or county) (State) Galt Mo	

DATE REC'D BY LOCAL REG. 1-3-56		REGISTRAR'S SIGNATURE Gene Fair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DR Payne Galt Mo	
---	--	---	--	---	--

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

OCT 29 1957

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.....
Signature of Student Embalmer

Signed..... *PK Payne Jr.*

Licensed Embalmer No... *340*

P. O. Address... *Galt*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.