

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12832

State File No.

FILED MAY 4 1956

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Greene</u>	
b. CITY OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Paragould</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 wks</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Mem. Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>Pleas</u>	c. (Last) <u>Gibson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 8, 1891</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>Flippin, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Samuel P. Gibson</u>	13b. MOTHER'S MAIDEN NAME <u>Sosie Mahaney</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Sanders Gibson</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>lost</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clay Gibson</u>	ADDRESS <u>Paragould, Ark Rt. 5</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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>abscess of right lung</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from about 2 weeks, 1956, to 4-21, 1956, and that death occurred at 9 P. m.; from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Cardwell MD</u> (Degree or title)	23b. ADDRESS <u>Cardwell, Mo</u>	23c. DATE SIGNED <u>4-27-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/27/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Flippin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Flippin, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>4-28-56</u>	REGISTRAR'S SIGNATURE <u>Earl H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Howard Tunnel Service</u>	ADDRESS <u>Leachville, Ark</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT.....4-29-
COUNTY FILE NUMBER...4..

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 *W. H. Howard*

Licensed Embalmer No. *3985*

P. O. Address *Leachville*

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.