

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15775

State File No.

FILED JUN 11 1956

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give RURAL and give township) <u>Carrollton</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Northborne</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>0170</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>G.</u> c. (Last) <u>GIBSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>July 6, 1881</u>	9. AGE (in years last birthday) <u>74</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 yrs. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Rolls County Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Benjamin F. Gibson</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Martin</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ann Henderson</u> ADDRESS <u>Lopoka Kans.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary embolism</u> <u>Benjamin Franklin Thrombosis</u> <u>Antecedent Causes</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last</u> <u>Due to (b) Hypertension, years</u> <u>Due to (c) Decompensation Heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____
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.) <u>bed</u>	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 6-5, 1956 to 6-8, 1956 that I last saw the deceased alive on 6-8, 1956 and that death occurred at 11:00 am, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree of title) _____	23b. ADDRESS <u>Carrollton Mo.</u>	23c. DATE SIGNED <u>6-8-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/10/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Northborne Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-9-56</u>	REGISTRAR'S SIGNATURE <u>Ann Henderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Ben W. Gibson*

Licensed Embalmer No. *29*

P. O. Address *Carrollton*

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.