

No. 300
10-48

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

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FILED DEC 13 1956

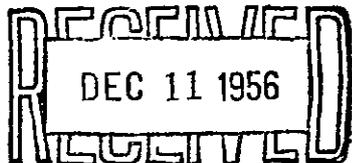
UNITED STATES DEPARTMENT OF HEALTH, EDUCATION & WELFARE
STANDARD CERTIFICATE OF DEATH

State File No. 38737

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5745</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Zion</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Coldwater</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwy 67, Zion, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Star Route, Coldwater, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Juanita</u>		b. (Middle) <u>Fay</u>		c. (Last) <u>GIBSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Aug. 14, 1953</u>	
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Silva, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edgar Dean Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Janice Fay Bollinger</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
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 <u>Jim Hughes</u>		ADDRESS <u>Piedmont, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Verdict of Coroners Jury: The Deceased came to her death by automobile accident-careless and wreckless driving by her father Edgar Dean Gibson.</u> DUE TO (b) <u>Crushed head and broken neck</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None for the father of this person to recuperate</u>				20. AUTOPSY? <u>reason we have been waiting</u> <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>see verdict</u>		21b. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. CITY OR TOWN OR TOWNSHIP <u>Zion</u>		21d. COUNTY <u>Madison-Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3, 1956 9:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck turned over</u> <u>alc 2</u>			
22. I hereby certify that I attended the deceased from ---, 19---, to ---, 19---, that I last saw the deceased alive on ---, 19---, and that death occurred at <u>900 A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Sam Najim Jr. Coroner</u>				23b. ADDRESS <u>Madison Co. Mo. Fredericktown, Missouri</u>		23c. DATE SIGNED <u>12-4-56</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-6-1956</u>		REGISTRAR'S SIGNATURE <u>Therence Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home</u> ADDRESS <u>Fredericktown, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 1236-51

AGG 11 1082

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 Charles McCarty

Licensed Embalmer No. 4852

P. O. Address Fredericktown

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.