

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5730

State File No.

BIRTH NO. 9557-57 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 30521 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, write RURAL and give town or township) Sedalia
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Pettis
c. CITY OR TOWN Sedalia 0804
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 1021 So. Osage

3. NAME OF DECEASED
a. (First) Jeanine b. (Middle) G c. (Last) Gibson

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 17 1957

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
0

8. DATE OF BIRTH Feb. 16 1957

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
1 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Sedalia, Mo

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Ewing Gibson

13b. MOTHER'S MAIDEN NAME
Shirley Ann Yeoman

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ewing Gibson Sedalia

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) Respiratory failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bilateral Atelectasis
DUE TO (c) Specific Etiology Unknown.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
28 hours
28 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
7620

20. AUTOPSY? YES NO

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)
7620 / (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 16, 1957, to February 17, 1957, that I last saw the deceased alive on February 17, 1957, and that death occurred at 12:40P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Stanley D. Fisher M.D.

23b. ADDRESS
500 1/2 So. Ohio Sedalia, Missouri

23c. DATE SIGNED
18 February 1957

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
2-19-57

24c. NAME OF CEMETERY OR CREMATORY
Memorial Park

24d. LOCATION (City, town, or county) (State)
Sedalia Mo

DATE REC'D BY LOCAL REG.
2-19-57

REGISTRAR'S SIGNATURE
Frances Shelby

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
M^c Laughlin Bros Sedalia

(Licensed Embalmer's Statement on Reverse Side)

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

410

387c

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 *K.P.M. Erary*

Licensed Embalmer No. *3153*

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

10-84