

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16315

STATE FILE NUMBER

FILED JUN 6 1957

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

271

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Butler.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Paplar Bluff.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rural.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital.</u>		Length of stay in lb <u>3 days.</u>	d. STREET ADDRESS (If outside, give location) <u>7 mi. S.E. of Doniphan, Mo.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lee Cecil Gipson.</u>			4. DATE OF DEATH Month Day Year <u>May 12, 1957.</u>		
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 5, 1881.</u>		9. AGE (In years last birthday) <u>76.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>		11. BIRTHPLACE (City and state or country) <u>Macon County, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Elijah Gipson.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Rice.</u>	
14. NAME OF HUSBAND OR WIFE <u>Thelma Gipson.</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>513-05-4016</u>	
17. INFORMANT <u>Thelma Gipson, Doniphan Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac decompensation.</u> DUE TO (b) <u>Arteriosclerotic cardiovascular disease.</u> DUE TO (c) <u>Unknown.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Nephrosclerosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, 'farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>5-8-57</u> to <u>5-12-57</u> and last saw her alive on <u>5-12-57</u> Death occurred at <u>349 A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree & title) <u>Robert C. Engelhardt, M.D.</u>		
22b. ADDRESS <u>Paplar Bluff, Mo.</u>			22c. DATE SIGNED <u>5/17/57.</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		23b. DATE <u>May 15, 1957.</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hancock Cemetery.</u>	
23d. LOCATION (City, town, or county) <u>Ripley County, Missouri.</u>		24. FUNERAL DIRECTOR <u>Ray Means, Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5/27/57</u>	
26. REGISTRAR'S SIGNATURE <u>R A Murtree</u>		(Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

+89  
c

RECEIVED  
JUN 4 1967  
BUTLER CO. HEALTH CENTER  
FILE NO. \_\_\_\_\_

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 Ray Meams

Licensed Embalmer No. 3743

P. O. Address Doniphan,

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.