No. 300
10.48

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30585

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4577 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Branson
c. LENGTH OF STAY (In this place): 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skaggs Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: Boone
c. CITY OR TOWN: Harrison
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 304 So Thillow 803 8

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): Ethridge
c. (Last): Gibson

4. DATE OF DEATH (Month) June (Day) 26 (Year) 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 30, 1898
9. AGE (In years last birthday): 58
If under 1 year: Months 8 Days 26
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and State or Foreign Country): Marble City Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William E. Gibson
13b. MOTHER'S MAIDEN NAME: Emily Davis
14. NAME OF HUSBAND OR WIFE: Frances Neva Gibson

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: Mrs Frances Neva Gibson
ADDRESS: Harrison Ark

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma — Interval between onset and death: Unknown

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: 162X
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): ___
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* June 26, 1957, *to* June 26, 1957, *that I last saw the deceased alive on* June 26, 1957, *and that death occurred at* 11:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Joel D. Bennett (Degree or title) M.D.
23b. ADDRESS: Branson, Mo.
23c. DATE SIGNED: 8-20-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 28, 1957
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Harrison Arkansas

DATE REC'D BY LOCAL REG.: 8-27-57
REGISTRAR'S SIGNATURE: Helen Campbell
25. FUNERAL DIRECTOR'S SIGNATURE: Christison Funeral Home
ADDRESS: Harrison Ark

(Licensed Embalmer's Statement on Reverse Side)

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

514-1

SEP 3 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, ~~or by~~ Norman Andrew, Student Embalmer No.

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Norman Andrew

Licensed Embalmer No. 630 A

P. O. Address Vernon, Ar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.