FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30760
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 5062 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Highway 37, 1 Mi. S. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Purdy, Mo. Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Kansas City Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 304 Briarcliff Road Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Harold Middle: Monroe Last: Gibson

4. DATE OF DEATH Month Day Year: Sept. 29, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec. 21, 1903
9. AGE (In years last birthday): 53 IF UNDER 1 YEAR: Months 9 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Odessa, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Lemuel Gibson
13b. MOTHER'S MAIDEN NAME: Bertha Stanfield
14. NAME OF HUSBAND OR WIFE: Doris Gibson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-07-7043
17. INFORMANT: Mrs. Doris Gibson Address: Kansas City, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Car Accident
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car Accident
20c. TIME OF INJURY Hour a.m. p.m. 11:30 p.m. Month, Day, Year 9-29-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway
20f. CITY, TOWN, OR LOCATION 13 mi. South of K.C. on 37 COUNTY Barry STATE Mo.

21. I attended the deceased from _____, to 9-29-57 and last saw ~~him~~ him alive on DEAD
Death occurred at 11:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Doyle E Williams (Degree or title) Coroner
22b. ADDRESS Cassville, Mo.
22c. DATE SIGNED 9-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/1/57
23c. NAME OF CEMETERY OR CREMATORY: White Chapel Memorial Gardens
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: J. D. Buchanan ADDRESS: Monett, Mo.
25. DATE RECD. BY LOCAL REG.: 9-30-57
26. REGISTRAR'S SIGNATURE: Mrs. O. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1057-180

DATE REC. 10-7-57

OCT 14 1957

AUG 7 1958

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 J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.