

Health, Welfare  
Public Service

FILED OCT 15 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 178

300  
-57

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Spickard
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Hospital		Length of stay in 1b 3 da.	d. STREET ADDRESS (If outside, give location) Route 3
3. NAME OF DECEASED (Type or print) First Eugene Middle Gibson Last Gibson		4. DATE OF DEATH Month Oct. Day 4 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1 1869
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Grundy Co., Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Robert Gibson	
13b. MOTHER'S MAIDEN NAME Liza Rush		14. NAME OF HUSBAND OR WIFE Emma Berry Gibson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO.	
17. INFORMANT Mable Gibson Spickard Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lung Abscess Right</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Pneumonia 2 weeks before</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		491X	
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 <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>Sept 1st 1957</u> and last saw her alive on <u>Oct 4th 1957</u> Death occurred at <u>Wright Hosp</u> on this date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Oliver F Coffey M.D.</u>	
22b. ADDRESS <u>Trenton Mo</u>		22c. DATE SIGNED <u>Oct 5th 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-6-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Berry Cemetery</u>
23d. LOCATION (City, town, or county) <u>Balt - Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>P. H. Payne Son</u>		25. DATE REC'D. BY LOCAL REG. <u>10-6-57</u>	26. REGISTRAR'S SIGNATURE <u>Jene Fair</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard manufacturers ink. All diseases in Part I must be causally related.

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OCT 29 1957

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 P. R. Payne, Jr.

Licensed Embalmer No. 3400  
P. O. Address Galt 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.