

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013463  
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Camden</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b> <i>Missouri</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richland, Mo Auglaize</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Richland, Mo.</b>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>None.</b>		Length of stay in lb <b>life.</b>		d. STREET ADDRESS (If outside, give location) <b>Rural Rt. # 1.</b>		
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) <b>James Luther Gibson.</b>			4. DATE OF DEATH Month <b>May</b> Day <b>2,</b> Year <b>1958</b>	
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 3, 1895</b>		9. AGE (In years last birthday) <b>62</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	11. BIRTHPLACE (City and state or country) <b>Camden Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John Robert Gibson.</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Osborne.</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie Thelma Gibson.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes world war I.</b>		16. SOCIAL SECURITY NO. <b>487-18-3884</b>		17. INFORMANT Address <b>Lillie Thelma Gibson Richland, Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>coronary occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>coronary insufficiency</b>					<b>3 1/2 hr</b>	
DUE TO (c) <b>arteriosclerosis.</b>					<b>4201</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)					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 <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 _____, to _____ and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <b>7:30</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>[Signature]</i>			22b. ADDRESS <b>Richland, Missouri</b>		22c. DATE SIGNED <b>5/5/58</b>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/5/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>Richland, Missouri</b>	
24. FUNERAL DIRECTOR (Name and address) <b>Hedges Funeral Home Richland, Mo</b>			25. DATE RECD. BY LOCAL REC. <b>5/6/58</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 13 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 Charles E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.