

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017074
State File No.

FILED MAY 13 1958

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 56

1079

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

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool	
c. LENGTH OF STAY (in this place) 20 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Elizabeth Francis Gibson			4. DATE OF DEATH (Month) (Day) (Year) 5-7-58	
a. (First)		b. (Middle)		c. (Last)
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 5-11-1879	9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Texas County, Missouri
13a. FATHER'S NAME Robert McGehee			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none	
13b. MOTHER'S MAIDEN NAME Ola Robinson			17. INFORMANT'S SIGNATURE OR NAME Johnnie Dean, Cabool, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			12. CITIZEN OF WHAT COUNTRY? USA	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Esophageal Varix		DUE TO (b) Cirrhosis of liver		24 hours	
ANTECEDENT CAUSES		DUE TO (c)		10 years?	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? L	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? L	

22. I hereby certify that I attended the deceased from <u>19⁵⁸</u> , to <u>May 7, 1958</u> , that I last saw the deceased alive on <u>May 7, 1958</u> , and that death occurred at <u>7:40A</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Deceased or title) Harriet Gentry		23b. ADDRESS Cabool, Mo.	
23c. DATE SIGNED 5/8/58		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-9-58	
24c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery		24d. LOCATION (City, town, or county) (State) Cabool, Missouri			

DATE REC'D BY LOCAL REG. 5-9-58		REGISTRAR'S SIGNATURE Gaynell Cunningham		25. FUNERAL DIRECTOR'S SIGNATURE Elliott-Gentry Fun. Home, Cabool, Mo.	
				ADDRESS	

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
Student Embalmer

Signed

James L. Seal

Licensed Embalmer No. *4718*

P. O. Address

Calver, 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 this body is not embalmed, fact should be so stated above.