

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022462
State File No.

FILED JUN 16 1958

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 4287 Registrar's No. 123

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) Troy	c. LENGTH OF STAY (in this place) 5 Mo.	c. CITY OR TOWN Troy 0570	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Duey Nussing Home		e. STREET ADDRESS (If rural, give location) No Syreet Address	

3. NAME OF DECEASED (Type or Print)	a. (First) Morphis	b. (Middle) Roley	c. (Last) Gibson	4. DATE OF DEATH (Month) (Day) (Year) May 31, 1958
-------------------------------------	---------------------------	--------------------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
-----------------------	----------------------------------	--	---	---	------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Distributor	10b. KIND OF BUSINESS OR INDUSTRY Standard Oil	11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	--

13a. FATHER'S NAME Joseph Gibson	13b. MOTHER'S MAIDEN NAME Emma McDonald	14. NAME OF HUSBAND OR WIFE Jessie Wells Gibson
--	---	---

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. 327-05-9324	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Donald Gibson, Troy, Missouri
---	---	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ONE YEAR
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MULTIPLE CEREBRAL ANEUCYSTOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ADVANCED ARTERIOSCLEROSIS UNIC.		
	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	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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) 332X
--	--	--

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?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **Tan**, 19**58**, to **May 31**, 19**58**, that I last saw the deceased alive on **May 31**, 19**58**, and that death occurred at **11:30A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Paul Berry	(Degree or title) M.D.	23b. ADDRESS Troy, Missouri	23c. DATE SIGNED 6/1/58
-------------------------------------	-------------------------------	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/2/58	24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	24d. LOCATION (City, town, or county) (State) Troy, Missouri
--	----------------------------	--	--

DATE REC'D BY LOCAL REG June 9/1958	REGISTRAR'S SIGNATURE Charlotte Leek <i>Deputy</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper-Marsh Funeral Home, Troy, Mo.
---	---	---

JUN 16 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 Joseph J. Marsh, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J. Marsh.....

Licensed Embalmer No. 3932.....

P. O. Address Troy, Missouri.....

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.