

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024479

STATE FILE NUMBER

FILED JUL 29 1958 Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>HOLT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FAIRFAX</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MAITLAND</u> <u>0440</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hosp.</u>		Length of stay in 1b <u>9 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>7 mi. N.E. MOUND City</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDGAR ALLEN GIBSON</u>			4. DATE OF DEATH Month Day Year <u>July 21, 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 26, 1873</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (City and state or country) <u>HOLT COUNTY, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>THEODORE GIBSON</u>	
13b. MOTHER'S MAIDEN NAME <u>NANCY JANE HANKS</u>		13c. NAME OF HUSBAND OR WIFE <u>DAISY GIBSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-42-0951</u>	17. INFORMANT Address <u>WARREN GIBSON - MOUND City, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>332X</u>
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 <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 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>July 1, 1952</u> to <u>July 21, 1958</u> and last saw ^{her} _{him} alive on <u>July 21, 1958</u> . Death occurred at <u>1:35 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. F. Sweeney M.D.</u>		22b. ADDRESS <u>Oregon, Mo</u>	22c. DATE SIGNED <u>7/22/58</u>
23a. BURIAL, CREMATION, <u>BURIAL</u> (Specify)	23b. DATE <u>7-23-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>MOUND City Mo.</u>
24. FEDERAL DIRECTOR <u>James K. Crawford</u>	ADDRESS <u>MOUND City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 25, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Thermin J. Schaefer</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James H. Crawford*

Licensed Embalmer No. *4796*
P. O. Address *Mound City,*

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.