Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000393
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3067 Registrar's No. 62

FILED FEB 16 1959

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Poplar Bluff, — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Poplar Bluff Hosp. — Length of stay in Ib 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Rural — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Rt. #1 Poplar Bluff — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: GEORGE Middle: FRANKLIN Last: GIBSON
4. DATE OF DEATH Month Day Year: Jan. 27, 1959
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Aug. 19, 1866
9. AGE (In years at last birthday): 92 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Tennessee
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Hughie Gibson Address: Rt. #1 Poplar Bluff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Face with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) wide dissemination
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1913

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1-24-59, to 1-27-59 and last saw her/him alive on 1-27-59
Death occurred at 11:22 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David V. Miller M.D.
22b. ADDRESS Poplar Bluff, Mo.
22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 1/29/1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Gardens
23d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.

24. FUNERAL DIRECTOR ADDRESS: Edwards Fun. Home Doniphan, Mo.
25. DATE RECD. BY LOCAL REG. 2/2/59
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

FILE NO.

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 Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Roanoke, [illegible]

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.