Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004270
STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 362 Primary Registration District No. 6233 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY WARREN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Camp Branch Road Twsp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8 mi N of Hi 40 — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WARREN
c. CITY OR TOWN Camp Branch Twsp 1090 on A Rd — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 8 mile North of Hi 40 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First CHARLIE Middle LEVI Last GIBSON

4. DATE OF DEATH Month 1 Day 12 Year 59

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH May 31, 1881
9. AGE (In years last birthday) 77 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) LINCOLN COUNTY MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Walter Gibson
13b. MOTHER'S MAIDEN NAME Emiline Baine
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
17. INFORMANT Goldie Gibson Address Jonesburg Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gun Shot Wound in head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Verdict of Coroners Jury
DUE TO (c) By self inflicted Gun shot wound (Suicide)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 1/13 59 1/4 pm
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.) Farm home
20f. CITY, TOWN, OR LOCATION Warrenton COUNTY Warren STATE MO

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at About 4 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. H. Kruggs (Degree or title) D.C. (Coroner)
22b. ADDRESS Warrenton Mo
22c. DATE SIGNED Jan 14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-15-59
23c. NAME OF CEMETERY OR CREMATORY Central Grove
23d. LOCATION (City, town, or county) Warrenton Co (State) Mo

24. FUNERAL DIRECTOR Carl Harding ADDRESS Jonesburg Mo
25. DATE RECD. BY LOCAL REG. Jan 17. 1959
26. REGISTRAR'S SIGNATURE Floyd Logan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Earl A. Harden

Licensed Embalmer No. 4115

P. O. Address Jonesburg, 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.