

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006637

STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 3

300
1-57-5

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| 1. PLACE OF DEATH a. COUNTY Phelps | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY Phelps | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. James | | c. CITY OR TOWN ST. James | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Soldiers Home Hosp | | d. STREET ADDRESS (If outside, give location) ← | |
| Length of stay in 1b 8 yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First Gilla Middle F. Last Gibson | | | 4. DATE OF DEATH Month 2 Day -- Year 59 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 9-28-1873 | 9. AGE (In years last birthday) 85 | 10. UNDER 1 YEAR Months 4 Days 23 | 11. IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY ← | 11. BIRTHPLACE (City and state or country) Ark. - | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Jesse P. Meek | 13b. MOTHER'S MAIDEN NAME Minerva Craig | 14. NAME OF HUSBAND OR WIFE JAS. M. Gibson |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ← | 16. SOCIAL SECURITY NO. ← | 17. INFORMANT Wm Gibson - ST. James, MO. Address 154X |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Rectum Metastasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ← DUE TO (c) ← | | 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) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) 154X |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 |
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| 21. I attended the deceased from Jan 16-59 to Feb 20-59 and last saw her alive on Feb 20-59 . Death occurred Feb 20 m on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 21a. SIGNATURE (Degree or title) Dr. James, MO | 21b. ADDRESS ST. James, MO | 22c. DATE SIGNED 2-23-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 2-23-59 | 23c. NAME OF CEMETERY OR CREMATOR MASONIC Cem. | 23d. LOCATION (City, town, or county) (State) ST. James, MO. |
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| 24. FUNERAL DIRECTOR Oral E. Licklider ADDRESS ST James, MO | 25. DATE RECD. BY LOCAL REG. 2-28-59 | 26. REGISTRAR'S SIGNATURE Ruth B. Powell |
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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 *me*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Orval E. Licklieders*

Licensed Embalmer No. *3546*

P. O. Address *St. James, 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.