Dept. Health, Ed., & Welfare U. S. Public Health Service

V.S. 300 Rev. 1-56

FILED VS DEC 21 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER '59 044715

Registration District No. 187 Primary Registration District No. ..... Registrar's No. 283

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sampsel Twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 N. West of Chillicothe — Length of stay in lb 41 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Livingston
c. CITY OR TOWN 0510 Chillicothe Rt. 4 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First J. Middle M. Last GIBSON

4. DATE OF DEATH Month Dec. Day 11 Year 1959

5. SEX M o

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Feb. 27-1918

9. AGE (In years last birthday) 41 — 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 Farming

11. BIRTHPLACE (City and state or country) Livingston Co. Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Gibson

14. MOTHER'S MAIDEN NAME Ora Brookshire

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. 496-42-3905

17. INFORMANT Mrs. Ora Gibson Address Chillicothe Rt 4

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) Gunshot wound of Heart — INTERVAL BETWEEN ONSET AND DEATH Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ..... DUE TO (c) .....

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 ☐ o

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Deceased was hunting a hawk, found dead. Shot thru heart. Apparent suicide.

20c. TIME OF INJURY Hour a. m. ~~p. m.~~ Month, Day, Year 10- Dec. 11-59

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.

20f. CITY, TOWN, OR LOCATION Lockspring's, COUNTY Livingston, STATE Mo.

21. I attended the deceased from None, to ..... and last saw ~~her~~ him ~~alive~~ on Dec. 11-59

Death occurred at 10-A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph A. Conrad M.D. (Coroner) 3

22b. ADDRESS Chillicothe, Mo

22c. DATE SIGNED Dec 12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Dec. 13-1959

23c. NAME OF CEMETERY OR CREMATORY Lock Springs

23d. LOCATION (City, town, or county) (State) Lock Springs Mo.

24. FUNERAL DIRECTOR Orris L. Roberson ADDRESS Jamesport Mo.

25. DATE RECD. BY LOCAL REG. Dec 12/59

26. REGISTRAR'S SIGNATURE Francis B Neill

(Licensed Embalmer's Statement on Reverse Side)

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1715

DEC 23 1955

VS JAN 5 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed D. L. Robertson

Licensed Embalmer No. 32 4/

P. O. Address Jamestown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.