

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 5 0 9 4

FILED VS JAN 11 1960

295

Primary Registration District No. 6016

Registrar's No. 1

STATE FILE NUMBER

UNRECORDED

| | | | | | | |
|---|---|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Randolph</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural-- Silver Creek Twp.</u> Length of stay in lb <u>50 years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>near Roanoke</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> c. CITY OR TOWN <u>Rural-- Silver Creek Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>near Roanoke</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>Ophelia</u> Middle <u>Francis</u> Last <u>Gibson</u> | | 4. DATE OF DEATH Month <u>December</u> Day <u>29</u> Year <u>1959</u> | | | | |
| 5. SEX <u>female</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>9-24-1873</u> | 9. AGE (last birthday) <u>86</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | | 11. BIRTHPLACE (City and state or country) <u>Howard County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>United States</u> |
| 13a. FATHER'S NAME <u>James Porter McDavitt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lucy Catherine Newby</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Gibson</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT Address <u>Adren Gibson: R.R.: Armstrong, Missouri</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>Bronchial Pneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Debility</u> DUE TO (c) <u>Senility</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>6 mo.</u> <u>?</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Myocarditis</u> | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u> | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 | | |
| 21. I attended the deceased from <u>March 1959</u> to <u>Dec 29</u> and last saw her alive on <u>Dec 28, 1959</u> Death occurred at <u>6:45 AM.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE <u>M. C. Casley DO.</u> (Deceased or title) | | | 22b. ADDRESS <u>Huntsville MO</u> | | 22c. DATE SIGNED <u>12-30-59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>12-30-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u> | | 23d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Tom B Patton</u> | | ADDRESS <u>Huntsville MO</u> | | 25. DATE RECD. BY LOCAL REG. <u>Jan 3-1960</u> | 26. REGISTRAR'S SIGNATURE <u>Mary A Bentley</u> | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntwell

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.