

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022951

FILED VS JUN 28 1960

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 30029 Registrar's No. 106

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Liberty Twp.</u>		Length of stay in lb <u>15 yrs</u>	c. CITY OR TOWN <u>Salt</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3 miles North of Salt</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Liberty Twp 3 miles N. W. Salt</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BESSIE LEE GIBSON</u>			4. DATE OF DEATH Month Day Year <u>6-19-60</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 checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-22-1904</u>	9. AGE (last birthday) <u>56</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife & Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nurse</u>	11. BIRTHPLACE (City and state or country) <u>Sullivan Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Wesley H. Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Gumbidge</u>		14. NAME OF HUSBAND OR WIFE <u>Warren Gibson</u>	
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. <u>500-07-8474</u>	17. INFORMANT Address <u>Warren Gibson Salt Mo</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>Crushed chest</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Broken right and left ankles</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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					INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Automobile accident on Route 5 State Highway</u>		
20c. TIME OF INJURY <u>12:40 p.m.</u>	Month, Day, Year <u>6-19-60</u>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public State highway</u>		20f. CITY, TOWN, OR LOCATION <u>Liberty Twp.</u>		COUNTY <u>GRUNDY</u>
20f. STATE <u>MO.</u>					
21. I attended the deceased from <u>June 19, 1960</u> to _____ and last saw her alive on _____ Death occurred at <u>about 12:40 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Donald H. Slater</u> (Degree or title) <u>County Coroner</u>			22b. ADDRESS <u>Trenton, Missouri</u>		22c. DATE SIGNED <u>6-19-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-22-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salt Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Salt Mo</u>	
24. FUNERAL DIRECTOR <u>Rayne Funeral Home</u>		ADDRESS <u>Salt Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6/22/60</u>	26. REGISTRAR'S SIGNATURE <u>June Fair</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed DR Payne Jr

Licensed Embalmer No. 3400

P. O. Address Salt

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