SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED NOV 20 1961

61-040599
STATE FILE NUMBER

AMENDED

Registration District No. 109 Primary Registration District No. 5424 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Union Twp. — Length of stay in 1b: Minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D/O.A.at Drs. Hosp.P.Bluff From Dunklin County — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Malden — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 302 W. Ollie — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First THOMAS Middle HARRISON Last GIBSON

4. DATE OF DEATH: Month October Day 30 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept.12,1874
9. AGE (last birthday) 87 — IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Crawford county,Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Monroe Gibson
13b. MOTHER'S MAIDEN NAME Sarah Jane Scranton
14. NAME OF HUSBAND OR WIFE Zora Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

17. INFORMANT Mrs. Zora Gibson, Malden, Missouri — Address 302 W. Ollie

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) ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 3 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 5 YEARS
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MARCH 1960 to 30 OCT 1961 and last saw ~~her~~ him alive on 30 OCT 1961
Death occurred at 4:30p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles L. Williams, M.D. (Degree or title)
22b. ADDRESS MALDEN, MO.
22c. DATE SIGNED 11-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 21, 1961
23c. NAME OF CEMETERY OR CREMATORY Bowen Cemetery
23d. LOCATION (City, town, or county) (State) Bland, Missouri, Rte. 1

24. FUNERAL DIRECTOR Landess Funeral Home — ADDRESS Malden, Missouri
25. DATE RECD. BY LOCAL REG. 11-13-1961
26. REGISTRAR'S SIGNATURE Mrs Beulah Campbell

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — 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_____ Signed Richard V. Beale

Signature of Student Embalmer

Licensed Embalmer No. 5116

P. O. Address Malden, M

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.