

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020424

5095

STATE FILE NUMBER

318

1003

Registrar's No.

Registration District No.

Primary Registration District No.

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 31 1962

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| VS 300 | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED |
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USE BLACK INK OR TYPEWRITER RIBBON

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | | Length of stay in 1b 11 days | c. CITY OR TOWN Carbondale |
| c. FULL NAME OF (If NOT in hospital, give location) Louis Children's | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) P.O. Box 448 |
| 3. NAME OF DECEASED (Type or print) First David Middle Wayne Last Gibson | | 4. DATE OF DEATH Month May Day 18 , Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-27-62 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 9. AGE (last birthday) 23 |
| 11a. FATHER'S NAME Wayne C. Gibson | | 11b. MOTHER'S MAIDEN NAME Patricia Holland | |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 12b. SOCIAL SECURITY NO. None | |
| 13a. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest - Respiratory Failure DUE TO (b) Congenital Heart Disease - Aortic Stenosis - postoperative Gibson-Mayo DUE TO (c) 754.5 | | 13b. NAME OF HUSBAND OR WIFE never married | |
| 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 | |
| 14. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 15. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 16. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 10:10 am Month, Day, Year 5-8-62 | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 5-8-62 to 5-18-62 and last saw her/him alive on 5-18-62 | | Death occurred at 10:10 am on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) Malcolm Barker M.D. | | 22b. ADDRESS 500 S. Kingshighway St. Louis, Mo. | |
| 22c. DATE SIGNED 5-18-62 | | 23. LOCATION (City, town, or county) (State) Carbondale, Ill. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 5-20-62 | 23c. NAME OF CEMETERY OR CREMATORY Oakland | |
| 24. FUNERAL DIRECTOR Huffman Funeral Home, Carbondale | | 25. DATE RECD. BY LOCAL REG. MAY 19 1962 | |
| ADDRESS Ill. | | 26. REGISTRAR'S SIGNATURE Leon Smith, M.D. | |

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Kasey III

Licensed Embalmer No. 5039

P. O. Address E. St. Louis, 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.