

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012480  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 21

**FILED APR 1 1963**

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Rev. 4/59  
  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
  
DATE AMENDED  
  
ITEM NO. SHOULD READ  
  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>East Prairie</b>		Length of stay in 1b <b>32 years</b>	c. CITY OR TOWN <b>East Prairie</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>719 N. Martin St.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>719 N. Martin</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Floyd</b> Middle <b>McCaskel</b> Last <b>Gibson</b>		4. DATE OF DEATH Month <b>March</b> Day <b>8</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-8-1902</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>T.V. Sales &amp; Repair</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sales &amp; Repair</b>	11. BIRTHPLACE (City and state or country) <b>Dresden, Tenn.</b>
13a. FATHER'S NAME <b>Arthur M. Gibson</b>		14. NAME OF HUSBAND OR WIFE <b>Anna I. Gibson</b>	
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.	
17. INFORMANT <b>Anna I. Gibson, East Prairie, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> 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) 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"/>		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 <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 <b>East Prairie, Mo.</b>	
21. I attended the deceased from <b>Nov. 12, 1953</b> to <b>2/23/63</b> and last saw <sup>her</sup> him alive on <b>2/23/63</b> Death occurred at <b>16:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Ernest O. Hemphill D.O.</b>	
22b. ADDRESS <b>210 S. Wash. Drive East Prairie, Mo.</b>		22c. DATE-SIGNED <b>3-26-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-11-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>W.O.W. Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>East Prairie, Missouri</b>	
24. FUNERAL DIRECTOR <b>Travis Shelby, East Prairie, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-29-1963</b>	
26. REGISTRAR'S SIGNATURE <b>David Fitzgibbon</b>			

(Licensed Embalmer's Statement on Reverse Side)

**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 Norris Shelby

Licensed Embalmer No. 2756

P. O. Address East Prairie, 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.