

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-013288

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3289**

FILED MAR 28 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4249A Easton Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Don Middle Last Gibson, Jr.			4. DATE OF DEATH Month 3 Day 12 Year 63		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-11-63	9. AGE (last birthday) 7	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Missouri		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	

13a. FATHER'S NAME Don Gibson		13b. MOTHER'S MAIDEN NAME Annie Thomas		14. NAME OF HUSBAND OR WIFE	
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 Mrs. Mary D. Jett, R.R.L., 2601 N. Whittier Address

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPHYXIA		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASPIRATION OF MECONIUM		
DUE TO (c) 7620		

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
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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	COUNTY	STATE
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21. I attended the deceased from **3-11-63** to **3-12-63** and last saw **xx** him alive on **3-12-63**
Death occurred at **11:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert M. Jett</i> (Degree or title) M. D.	22b. ADDRESS 2601 N. Whittier	22c. DATE SIGNED 3-14-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) 13-31-63	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board	23d. LOCATION (City, town, or county) St. Louis, Mo. (State)
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24. FUNERAL DIRECTOR Rowland Mortuary ADDRESS 4104-4106 Manchester	25. DATE RECD. BY LOCAL REG. MAR 21 1963	26. REGISTRAR'S SIGNATURE <i>Robert M. Jett</i> M. D.
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DO NOT WRITE ON THIS STUB
 AMENDED
 VS 300 Rev. 4/59
 1
 2 **2/1/63**
 3
 4 **2**
 5 **0**
 6
 7 **0**
 8 **1**
 9
 10
 11
 12 **77-0**
 13
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 (INSTEAD OF)
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

10-10-1933

MISSOURI

ST. LOUIS

Missouri

St. Louis

St. Louis

4349A Easton

Home G. Phillips

Gibson, Jr. 3 12 63

Don

3-11-63

Male Negro

St. Louis, Missouri

Annie Thomas

Don Gibson

Mrs. Mary D. Jeff, R.R. 1, Box 108, Pittsburg

ASPHYXIA

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 _____

Signature of Student Embalmer

3-12-63

xx

3-12-63

3-11-63

Licensed Embalmer No. _____

A 11:00

P. O. Address _____

3-12-63

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.