

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-032926**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 324

**FILED SEP 9 1963**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Length of stay in 1b <b>44 years</b>	c. CITY OR TOWN <b>Hannibal</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>St. Elizabeth Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1202 Fulton Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>WALTER</b> Middle <b>ALVIN</b> Last <b>GIBSON</b>			4. DATE OF DEATH Month <b>August</b> Day <b>30</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>4/7/1891</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>city electric dept.</b>		11. BIRTHPLACE (City and state or country) <b>Saverton, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>United States</b>		13a. FATHER'S NAME <b>Samuel Gibson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Chapman</b>	
14. NAME OF HUSBAND OR WIFE <b>Anne Gibson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>[redacted]</b>	
17. INFORMANT <b>Mrs. Anne Gibson, 1202 Fulton Ave.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pandent Pneumonia heart failure</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Generalized arteriosclerosis &amp; vascular heart dis.</b>		19. INTERVAL BETWEEN ONSET AND DEATH	

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 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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **8:15 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) 22b. ADDRESS **Hannibal, Mo.** 22c. DATE SIGNED **8/30/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

23b. DATE **Sept. 3, 1963**

23c. NAME OF CEMETERY OR CREMATORY **Grand View Burial Park, Hannibal, Mo.**

23d. LOCATION (City, town, or county) (State) **Hannibal, Mo.**

24. FUNERAL DIRECTOR **Jack Schwartz - Hannibal, Mo.** ADDRESS **Hannibal, Mo.**

25. DATE RECD. BY LOCAL REG. **Aug 31 - 1963**

26. REGISTRAR'S SIGNATURE **[Signature]**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 ITEM NO. SHOULD READ INSTEAD OF DOCUMENT  
 DATE AMENDED  
 1 0648  
 2 0648  
 3  
 4 0  
 5 1  
 6  
 7 0  
 8 0  
 9 4500  
 10  
 11  
 12 0  
 13 10

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Jack Schwartz  
 Licensed Embalmer No. 4900

P. O. Address Hennipah, Minn.

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.

Permit received 8/31/63