

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural Piney Point
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Texas
(c) City or town Rural (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
1991 year 6 hour 30 minute P. M.

21. I hereby certify that I attended the deceased from
OCT 15, 1936 to MAR 15, 1941
that I last saw him alive on MAR 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
CORONARY OCCLUSION

Due to ACUTE PLEURISY
OF UNKNOWN ETIOLOGY

Other conditions
(Include pregnancy within 3 months of death)
94 W

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work _____ (a) Means of injury _____
23. Signature J. G. Bellina (M. D. or other) PHYSICIAN
Address Houston Date signed 4-17

3. (a) PRINT FULL NAME Charley Robert Gibson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Effie 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Aug 30 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 15 If less than one day hr. _____ min.

9. Birthplace St Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Robert Gibson

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Betty Lash

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Effie Gibson

(b) Address Houston Mo

17. (a) Burial (b) Date thereof March 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLark

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Houston Mo

19. (a) McK 17 1944 (b) Mabel Shacklett
(Date received local Registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

17
8

RECEIVED

District Health Officer No. 5,

District File Number 441437

Date Filed _____

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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 this body is not embalmed, above space should be left blank.