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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16023

State File No. Lone

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 52

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 604 S. Adams 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community All Life 58 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Mo (b) County VERNON 1
(c) City or town NEVADA (If outside city or town limits, write "RURAL") 2
(d) Street No. 604 So Adams St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DANIEL Z. GIBSON
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex MALE
5. Color or race White 0
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife BESS Thayne Logan Gibson
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Aug (Month) 8th (Day) 1885 (Year)

8. AGE: Years 58 Months 8 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace VERNON (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Lawyer
11. Industry or business
FATHER
12. Name DANIEL M GIBSON
13. Birthplace Claiborne Co (City, town, or county) Tenn 1 (State or foreign country)
MOTHER
14. Maiden name MARGARE E WHITE
15. Birthplace Claiborne Co (City, town, or county) Tenn 1 (State or foreign country)
16. (a) Informant brother
(b) Address White E Gibson Bham Ala
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Cmt
18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada Mo
19. (a) 4-17-44 (Date received local registrar) (b) Hazel B. Beurck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8 year 1944 hour 1 15 minute A M.
21. I hereby certify that I attended the deceased from Feb 14, 1944, to Apr 8, 1944, that I last saw him alive on Apr 8, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, with Myocardial Degeneration, Dont Know.
Due to
Due to
Other conditions none (Include pregnancy within 3 months of death) 93d
Major findings:
Of operations none
Of autopsy none

Duration: about 2 years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (e) Means of injury
23. Signature N Rove (M. D. or other)
Address Nevada, Mo Date signed 4/8/44

1551

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-44-581
Date Filed 5-3-44

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~~ me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed L B Terry

Licensed Embalmer No. 1760

P. O. Address Nevada 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, fact should be so stated above.