

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1 X36671

FILED JUL 6 1944
Registration District No. **126**

Primary Registration District No. **5420**

Registrar's No. **12**

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

1. PLACE OF DEATH: *Dunklin*

(a) County *Dunklin*

(b) City or town *Gibson City*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *Holcomb Hosp.*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community *most of life* (Specify whether years, months or days)

3. (a) PRINT FULL NAME *James Gibson*

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

4. Sex *male* 5. Color or race *white* 6. (a) Single, widowed, married, divorced *1*

6. (b) Name of husband or wife *Etta Gibson* 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *Aug. 15 1873*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70	7	13	hr. min.
----	---	----	----------

9. Birthplace *Texas* (City, town, or county) (State or foreign country)

10. Usual occupation *Farming*

11. Industry or business _____

MOTHER FATHER { 12. Name *James Gibson*

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

14. Maiden name *Etta*

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

16. (a) Informant *Etta Gibson*

(b) Address *Gibson Mo.*

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof *Mar 30-44*
(Month) (Day) (Year)

(c) Place: burial or cremation *Garrison*

18. (a) Signature of funeral director *Louise J. Home*

(b) Address *Campbell, Mo.*

19. (a) *June 15-44* (Date received local registrar) (b) *Bernice Wilson* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Dunklin*

(c) City or town *Gibson City* **25**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? *no* (Yes or No) **10**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Mar*, day *28*
year *1944* hour *2* minute *P.M.*

21. I hereby certify that I attended the deceased from *3/16*, 1944, to *3/27*, 1944,
that I last saw him alive on *3/27*, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<i>Acute Heart Failure</i>	<i>2 days</i>
Due to <i>Myocardial Infarction</i>	<i>?</i>
Due to _____	_____
Other conditions <i>Chronic Bile duct disease</i> (Include pregnancy within 3 months of death)	<i>?</i>

PHYSICIAN _____

Major findings: _____
Of operations: _____

Of autopsy: *1318*

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? _____

23. Signature *Wallace A. Selsby* (M. D. or other) *mid.*
Address *Campbell, Mo.* Date signed *3/29/44*

1370

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.....

Christina M Landess

Licensed Embalmer No.....

4227

P. O. Address.....

Campbell, 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.