V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24054

FILED JUL 24 1944

Registration District No. 39

Primary Registration District No. 5106

Registrar's No. 24

1. PLACE OF DEATH:

(a) County: Benton

(b) City or town: "Rural" Cole Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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: 1 (Specify whether years, months or days)
In this community: 6 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Benton

(c) City or town: "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No.: Edmondston
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles S. Gibson

3. (b) If veteran, name war: World war I

3. (c) Social Security No. 510-07-9439

4. Sex: male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: married 1

6. (b) Name of husband or wife: Velma L. Gibson

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: August (Month) 7 (Day) 1893 (Year)

8. AGE: Years 50 Months 11 Days 4 If less than one day hr. min.

9. Birthplace: Litchfield (City, town, or county) Nebr. (State or foreign country) 1

10. Usual occupation: Storekeeper

11. Industry or business:

MOTHER FATHER

12. Name: Colaston Gibson

13. Birthplace: (City, town, or county) Iowa (State or foreign country) 1

14. Maiden name: Viola Brewer

15. Birthplace: (City, town, or county) Iowa (State or foreign country) 1

16. (a) Informant: Mrs Velma L. Gibson

(b) Address: R.F.D. #2 Lincoln Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 13, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park K.C. Mo.

18. (a) Signature of funeral director: White - Reser

(b) Address: Warsaw, Mo.

19. (a) July-12-1944 (Date received local registrar) (b) Pauline Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 11 year: 1944 hour: 7 minute: 05 P.M.

21. I hereby certify that I attended the deceased from July 9th, 1944, to, 19..; that I last saw him alive on July 11th, 1944; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Cardio Respiratory Renal Insufficiency with Uremic Syndrome

Due to: Nephrosclerosis - interstitial

Due to: and vascular

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

N/A

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: Byron L. Duncan (M. D. or other) DO

Address: Cole Camp, Mo. Date signed 7/12/44

1341 (Licensed Embalmer's Statement on Reverse Side)

AUG 9 1944

RECEIVED
District Health Officer No. 7,
District Fire Number U-44-874
Date Filed 7-24-44

JAN 12 1945

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 Donald H. Turpin

Licensed Embalmer No. 3053

P. O. Address Warsaw 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.