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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 26 1948

Registration District No. 28

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11464

Primary Registration District No. 5100

Registrar's No.

1. PLACE OF DEATH:
(a) County: Bates.
(b) City or town: Rural. West Boone Township.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not In Hospital. At Country Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Does not apply.
(Specify whether years, months or days)
In this community: 5 months.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas. (b) County: Woodson.
(c) City or town: Toronto.
(If outside city or town limits, write "RURAL")
(d) Street No.: Do Not Know.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: Does not apply.

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3. (a) PRINT FULL NAME: CALLIE AUGUSTA GIBSON.
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female.
5. Color or race: White.
6. (a) Single, widowed, married, divorced: Widowed.
6. (b) Name of husband or wife: J. T. Gibson.
6. (c) Age of husband or wife if alive: Dcsd. years
7. Birth date of deceased: August. (Month) 16th (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
84	7	9	hr. min.

9. Birthplace: Marion County. (City, town, or county) Ohio. (State or foreign country)
10. Usual occupation: Household Duties.
11. Industry or business: At Home.
FATHER
12. Name: Jacob Miller.
13. Birthplace: Penn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lydia M. Hull.
15. Birthplace: Ind. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. G. F. Todd.
(b) Address: Merwin, Missouri.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof: 3/25/48. (Month) (Day) (Year)
(c) Place: burial or cremation: Toronto, Kansas.
18. (a) Signature of funeral director: [illegible]
(b) Address: Drexel, Missouri.
19. (a) 3/25/48. (Date received local registrar) (b) L. R. Mangold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 25th
year: 1948 hour: 3 minute: 00 A. M.

21. I hereby certify that I attended the deceased from March first, 1948, to March, 25th, 1948; that I last saw her alive on March, 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Arterio Sclerosis,	
Symptoms for	2 years
Due to:	
Due to:	
Other conditions: Non specific Parotitis	3 ds.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: 0/7

PHYSICIAN
Underline the cause of 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: 0

23. Signature: Basil O. Hetrick M.D. (M. D. or Coroner)
Address: Drexel, MO. Date signed: 3/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1950

P. O. Address Drexel 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.