

FILED JUL 8 1948

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **188**

1. PLACE OF DEATH:

(a) County **PETTIS**  
 (b) City or town **SEDALIA**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **217 E 5TH ST**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **LIFE**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **PETTIS 80**  
 (c) City or town **SEDALIA**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **217 E 5TH ST**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **GUY H 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 **MAR**  
 6. (b) Name of husband or wife **NELL** 6. (c) Age of husband or wife if alive **11** years  
 7. Birth date of deceased **MAY 11 1875**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>1</b>	<b>16</b>	hr. _____ min. _____

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

10. Usual occupation **RETIRED**

11. Industry or business **MOP. CONDUCTOR**

12. Name **THOMAS GIBSON 9**

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

14. Maiden name **BETTY FERGUSON**

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

16. (a) Informant **MRS G.H. GIBSON**

(b) Address **SEDALIA MO**

17. (a) **BURIAL** (b) Date thereof **6-29-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SMITHTON MO**

18. (a) Signature of funeral director **W. Dillard**

(b) Address **Sedalia Mo**

19. (a) **6/28/48** (b) **Betty Yeagan**  
(Date received local registrar) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **27**  
 year **1948** hour **11** minute **55A** M.

21. I hereby certify that I attended the deceased from **see** 19 **48** to **June 27** 19 **48**  
 that I last saw h. **alive** on **June 27** 19 **48**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Coronary Thrombosis**  
 Duration **6 yrs.**

Due to **Arteriosclerotic heart disease** **15 yrs**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**ADP**

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? **0**  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **W. Dillard** (M. D. or other) **MD**  
 Address **Sedalia Mo** Date signed **6-28-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-7-48

JUL 9 1948

JUL 13 1948

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.

P. O. Address

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.