

FILED JUL 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 18772

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u> / 3	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u> / 1	c. LENGTH OF STAY (in this place) <u>69 Years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u> / 3	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>George Welbourne Gibson Home</u>		d. STREET ADDRESS (If rural, give location) <u>101 N. Hugues</u>	

3. NAME OF DECEASED (Type or Print) <u>George Welbourne Gibson</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1949</u>
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5. SEX <u>Male</u> / D	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> / L	8. DATE OF BIRTH <u>July 10 1880</u>	9. AGE (In years last birthday) <u>88</u>	Months <u>11</u>	Days <u>7</u>	Hours /	Mins. /
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lumberyard</u>	11. BIRTHPLACE (State or foreign country) <u>Camp Point Ill. /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. K. Gibson</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Welbourne</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine christinon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>AA</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FRANK GIBSON</u>	ADDRESS <u>HAMILTON, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Hypertrophy</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia, asthma, Pneumonia</u>			<u>10/10</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May, 1949, to June 20, 1949, that I last saw the deceased alive on June 18, 1949, and that death occurred at 9 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank R. Daley, M.D. U.</u>	23b. ADDRESS <u>Hamilton, MO.</u>	23c. DATE SIGNED <u>6-21-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>	24d. LOCATION (City, town, or county) (State) <u>Hamilton, MO.</u>
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DATE REC'D BY LOCAL REG. <u>June 22, 1949</u>	REGISTRAR'S SIGNATURE <u>Gladys Jones</u> 370	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bram Funeral Home</u> MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

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working under my personal supervision.

Student
Student Embalmer

Signed *J. P. Raw*
Licensed Embalmer No. 3052
P. O. Address *Hamilton, 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.