

DEC 12 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 37958

421

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 421	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBA</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe City, Mo</u>		b. COUNTY <u>Monroe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>601-1st St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Samuel</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Gibson</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u> (Day) <u>4.</u> (Year) <u>1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 25, 1874</u>	
9. AGE (in years last birthday) <u>74</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Day laborer.</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Gibson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Taylor</u>		ADDRESS <u>Monroe City, Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Reported as essential</u>  DUE TO (b) <u>Reported as essential</u>  DUE TO (c) <u>Gravely arteriosclerotic</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3.3.1X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/2, 1949</u> , to <u>12/4, 1949</u> , that I last saw the deceased alive on <u>12/4, 1949</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Samuel Gibson</u>				23b. ADDRESS <u>Monroe City, Mo</u>		23c. DATE SIGNED <u>12/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-7-49</u>		REGISTRAR'S SIGNATURE <u>Dr. M. Lucke</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Wilson &amp; Sons</u>		ADDRESS <u>Monroe City, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 8 1949  
MARION CO. HEALTH DEPT.  
DATE FILED DEC 10 1949

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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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lester L. Huley

Licensed Embalmer No. 3014

P. O. Address St. Louis, 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.