

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

40227

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1457</u>				
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		a. STATE <u>Kansas</u>		b. COUNTY <u>Doniphan</u>				
c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Highland</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		111 114 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH							
a. (First) <u>Clarence</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Gibson</u>	(Month) <u>Dec.</u>	(Day) <u>26,</u>	(Year) <u>1949</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug. 24, 1897</u>		9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Days <u>2</u>	Hours <u>1</u>	Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>		11. BIRTHPLACE (State or foreign country) <u>Highland, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Levi J. Gibson</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Belle Parker</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Shaffer Gibson</u>				
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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William Gibson, Highland, Kansas</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial decompensation</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u>				<u>1 week</u>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c)				<u>1 year</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>47-7-2</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>Dec 21</u> , 19 <u>49</u> , to <u>Dec 26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 25</u> , 19 <u>49</u> , and that death occurred at <u>11: P. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>John Ferguson MD</u>				23b. ADDRESS <u>420 N. 8th St. St. Joseph, Mo.</u>			23c. DATE SIGNED <u>12-29-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>12/27/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-----</u>		24d. LOCATION (City, town, or county) (State) <u>Highland, Kansas</u>					
DATE REC'D BY LOCAL REG. <u>Jan 3, 1950</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u>		382		2. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Brown Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. F. R. Burgrave

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Regina Wood

Licensed Embalmer No. *3804*

P. O. Address *3195 1/2 St. Joseph*

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.