

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH6042 State File No. 44025  
J. W. Kolze

BIRTH NO.		REG. DIST. NO. 301	PRIMARY REG. DIST. NO. 44025		Registrar's No. 103
1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>RIPLEY</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - VARNER TOWNSHIP</b>		c. LENGTH OF STAY (in this place) <b>16 YEARS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - VARNER TOWNSHIP</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8 mi. Southeast of Doniphan</b>			d. STREET ADDRESS (If rural, give location) <b>8 mi. Southeast of Doniphan</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>SUSAN</b> b. (Middle) <b>DEBBIE</b> c. (Last) <b>GIBSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5-23-1949</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>2-29-1868</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>ALABAMA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>HENRY Sims</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY Mc Phearson</b>		14. NAME OF HUSBAND OR WIFE <b>W.A. GIBSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. CHARLIE GIBSON - Rt #1 - Doniphan Mo.</b>	
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) <b>Gastric Carcinoma</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>8 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension, Cholecystitis</b>				<b>151X</b>	
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) (Min.)		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 <b>17 May, 1949</b> , to <b>23 May, 1949</b> , that I last saw the deceased alive on <b>17 May, 1949</b> , and that death occurred at <b>10:30 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J. W. Kolze M.D.</b> (Degree or title)			23b. ADDRESS <b>Doniphan, Mo.</b>		23c. DATE SIGNED <b>6 June '49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-25-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MARS HILL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CLAY COUNTY ARK</b>
DATE REC'D BY LOCAL REG. <b>3-13-50</b>		REGISTRAR'S SIGNATURE <b>E. B. Johnston</b> 277		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L. W. Edwards - Doniphan, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-10-50  
District Health Officer No. 5,  
District File Number 4-50215  
Date Filed 4-13-50

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 Carl B Bird

Licensed Embalmer No. 4306

P. O. Address Denigshaw, 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.