S. No. 300
v. 10-48

FILED APR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9835

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 119

0804
0

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

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
c. LENGTH OF STAY (in this place) 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia 0804
d. STREET ADDRESS (If rural, give location) 1800 So. Osage

3. NAME OF DECEASED (Type or Print)
a. (First) Roy
b. (Middle) M.
c. (Last) GIBSON

4. DATE OF DEATH (Month) (Day) (Year) March 13 - 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Nov-7-1879
9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 4 Days 6 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Old Town Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Gibson
13b. MOTHER'S MAIDEN NAME Louise ~~[illegible]~~ Wester
14. NAME OF HUSBAND OR WIFE Cora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs Cora Gibson ADDRESS Sedalia

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) Congestive Myocardial Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Chronic Valvular Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteogenic Sarcoma of Left Sacrum with multiple Metasases

INTERVAL BETWEEN ONSET AND DEATH: 4-2-14

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-6-, 1947, *to* 3-13, 1950, *that I last saw the deceased alive on* 3-13-, 1950, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) J M Rodeman M D
23b. ADDRESS Sedalia, Mo
23c. DATE SIGNED 3-13-50.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-15-50
24c. NAME OF CEMETERY OR CREMATORY Crown Hill
24d. LOCATION (City, town, or county) Sedalia (State) Mo

DATE REC'D BY LOCAL REG. 3-15-50
REGISTRAR'S SIGNATURE R. J. Campbell
25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros ADDRESS Sedalia

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 27
District Health Officer No. 8,
District File Number
Date Filed 4-14-50

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 R. P. McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.