

FILED SEP 14 1950

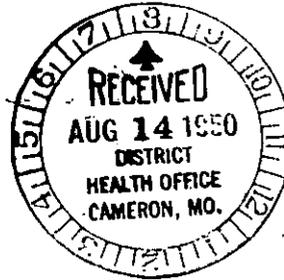
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26669**

BIRTH NO. _____		REG. DIST. NO. 136		PRIMARY REG. DIST. NO. 5499		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, write RURAL and give town) Rural- Lincoln		c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Rural- Lincoln Township		0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) Allendale, Mo			
3. NAME OF DECEASED (Type or Print)		a. (First) Ethel		b. (Middle) Sally		c. (Last) Gibson	
4. DATE OF DEATH		(Month) August		(Day) 7		(Year) 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 17-1889		9. AGE (In years last birthday) 61	
IF UNDER 1 YEAR Months 1 Days 20		IF UNDER 2 HRS. Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) Denver, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		13a. FATHER'S NAME John N. B. Findley		13b. MOTHER'S MAIDEN NAME Elizabeth Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None		14. NAME OF HUSBAND OR WIFE Roy Gibson A. e		17. INFORMANT'S SIGNATURE OR NAME Roy Gibson	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multinerveitis. General				INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>		DUE TO (c) Arteriosclerosis deformans				7230 5 yrs	
19a. DATE OF OPERATION Aug 8-50		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 1948 to 1950 , that I last saw the deceased alive on Aug 6 1950 , and that death occurred at 7:30 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE R. J. Russell M.D. (Degree or title)				23b. ADDRESS Franklin St		23c. DATE SIGNED Aug 8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-8-1950		24c. NAME OF CEMETERY OR CREMATORY Miller Cemetery		24d. LOCATION (City, town, or county) (State) Denver, Missouri	
DATE REC'D BY LOCAL REG. Aug 10-50		REGISTRAR'S SIGNATURE Chas Adair		25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Jumper		ADDRESS Front City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48



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 *Arch C. Duffer*.....

Licensed Embalmer No. 3252

P. O. Address *Grant City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.