

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

3004 State File No. 29354
3005 Registrar's No. 67

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. _____

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

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) HENRY	
		c. (Last) GIBSON	
5. SEX M		6. COLOR OR RACE W	
7. NEVER MARRIED		8. DATE OF BIRTH JUNE 4 1875	
9. AGE (In years, less birthday) 75		10. MONTH (Day) (Year) OF DEATH SEPT 20 1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY PAPER HANGER	
11. BIRTHPLACE (State or foreign country) WEBB CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME JACKSON GIBSON		13b. MOTHER'S MAIDEN NAME SETHRONA PARKS	
14. NAME OF HUSBAND OR WIFE XXX		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis about 8 AM - Sept 22 - 1950 DU TO (b) was found dead - Probably been dead 36 hours DU TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 4201	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from _____ causes and on the date stated above.			
23a. SIGNATURE G. C. Dickel M.D. (Degree or title)		23b. ADDRESS Lamar Mo.	
23c. DATE SIGNED Sept 22 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE SEPT. 24 1950		24c. NAME OF CEMETERY OR CREMATORY Georgia City Cemetery	
24d. LOCATION (City, town, or county) (State) JASPER COUNTY, MO.		DATE REC'D BY LOCAL REG.	
REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KONANTZ FUNERAL HOME, LAMAR, MO.	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 25 1950

Dist. File 950-1978

Date Filed 9-25-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 4773

P. O. Address Lamar, Missouri

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.