

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33219

State File No.

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

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>950</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>41 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>737 N. Grant Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>737 N. Grant Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLADYS</u> b. (Middle) <u>ALENE</u> c. (Last) <u>GIBSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9 Oct. 1909</u>	
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>C. Emery Moreland</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Ethel Foster</u>			14. NAME OF HUSBAND OR WIFE <u>Roy F. 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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.E. Moreland, Springfield, Mo.</u>			
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) <u>Sarcoma Spine Vertebral Thorsacic with Generalized Metastasis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <u>Para plegia Complete secondary to (a)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u> <u>196X</u>
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 <u>Sept 5th 1950</u> , to <u>Oct 29</u> , 1950, that I last saw the deceased <u>live on Oct 15, 1950</u> , and that death occurred at <u>4 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. Newton Walkerman MD.</u>			23b. ADDRESS <u>Springfield Mo.</u>			23c. DATE SIGNED <u>Oct 30, 1950.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>31 Oct 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-31-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Hurdley MD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred C. Thieme, Springfield, Mo.</u>			

NOV 9 1950

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.

Signed _____

Fred C. Thieme

Signed _____

Student Embalmer

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.