

No. 300
10.48

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33220

0396

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 912

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield, Rural N. Campbell Twp	
c. LENGTH OF STAY (in this place) 10 Days		d. STREET ADDRESS (If rural, give location) Route 2, Box 260	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			

0390

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) M c. (Last) Gibson		4. DATE OF DEATH (Month) (Day) (Year) October 16 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 5, 1862
9. AGE (In years last birthday) 88		10. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Palmento, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME J. D. Gibson	13b. MOTHER'S MAIDEN NAME Nancy Bodenhaner	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	16. SOCIAL SECURITY NO. SPANTSH AMERICAN Unknown	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, Springfield, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Colitis, severe, type undetermined manifested by diarrhea & malnutrition		INTERVAL BETWEEN ONSET AND DEATH 5711
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Atherosclerosis of aorta. Senility. 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Oct. 6, 1950**, to **October 16, 1950**, that death occurred at **3:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE P.L. Eisele M.D. Chief (Degree or title)	23b. ADDRESS VA Hospital Springfield, Missouri	23c. DATE SIGNED 10/16/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-21-50	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county). (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 10-18-50	REGISTRAR'S SIGNATURE W.E. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer	ADDRESS J.H. Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Bernard J Wright

Licensed Embalmer No. 429B

P. O. Address Springfield,

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.