

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34108

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>5743</u>		Registrar's No. <u>54</u>			
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MADISON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (Big Creek)</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Big Creek</u>		d. STREET ADDRESS (If rural, give location) <u>06 2nd</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION									
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>GIPSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-23 1950</u>						
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12-2-1880</u>			
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>FAR-MOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FAR-MOR</u>		11. BIRTHPLACE (State or foreign country) <u>BUCKHORN MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>WILLIAM GIPSON</u>			13b. MOTHER'S MAIDEN NAME <u>JOSEPHINA STAPHONS</u>			14. NAME OF HUSBAND OR WIFE <u>MARIE GIPSON</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></u>		17. INFORMANT'S SIGNATURE OR NAME <u>LOY GIPSON</u> ADDRESS <u>BUCKHORN 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>331X</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) <u>accident</u>		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>Oct 23, 1950</u> , to <u>Oct 23, 1950</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>3a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Carroll K. Markise, MD</u> (Degree or title)				23b. ADDRESS <u>120 W. Main St. Buckhorn, Mo</u>		23c. DATE SIGNED <u>10/24/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAYQUHAY</u>		24d. LOCATION (City, town, or county) (State) <u>BUCKHORN MO</u>			
DATE REC'D BY LOCAL REG. <u>10-25-50</u>		REGISTRAR'S SIGNATURE <u>Florence Hicks</u> 187		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Mays</u> ADDRESS <u>MO</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.

RECEIVED  
NOV 2 - 1950  
RECEIVED

FILE No. 1150-32

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.....  
Student Embalmer

Signed Lyman A. Sprinkle

Licensed Embalmer No. 2013

P. O. Address Fredricksburg, Va.

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.