

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34368

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5945 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, North Dillon ^{township})		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oxly 1910	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ferndale Nursing Home		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle)	c. (Last) Gibson	4. DATE OF DEATH (Month) - (Day) (Year) 9 - 13 - 50
--	-------------	------------------	--

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Nov. 25, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months - Days -	IF UNDER 24 HRS. Hours - Min. -
---------------	------------------------	---	--------------------------------	------------------------------------	---------------------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	--	-----------------------------------

13a. FATHER'S NAME John Gibson	13b. MOTHER'S MAIDEN NAME Almira Gibson	14. NAME OF HUSBAND OR WIFE (divorced)
--------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS (No. Dillon) St. James, Mo.
--	---------------------------------	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 years 5 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4221

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) m.	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 July 5, 1950, to Sept. 13, 1950, that I last saw the deceased alive on Sept. 06, 1950, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. Hammer, M.D. (Degree or title)	23b. ADDRESS St. James, Mo.	23c. DATE SIGNED Oct. 17, '50.
--	-----------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-16-50	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem	24d. LOCATION (City, town, or county) Ripley Co (State) Mo
--	-------------------	--	--

DATE REC'D BY LOCAL REG. OFF. Oct-16-1950	REGISTRAR'S SIGNATURE Cara G. Birmingham	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. S. Kehler St James Mo
---	--	---

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

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 10/30/50

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 Jack Nelson ~~_____~~ Student Embalmer No. 386 working under my personal supervision.

Student Jack Nelson Student Embalmer

Signed Oral E. Licklider
Licensed Embalmer No. 3546
P. O. Address St James Mo

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.