

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37779

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5770 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison Twp. 0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Grace		b. (Middle) E.		c. (Last) Gibson		4. DATE OF DEATH (Month) (Day) (Year) Oct. 29-50	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 8, 1879	
9. AGE (In years last birthday) 71		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mercer Co. Mo. 0	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James Wright		13b. MOTHER'S MAIDEN NAME Mary Gleason		14. NAME OF HUSBAND OR WIFE Garrett Gibson	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Leslie W. Gibson, Mill Grove, Mo.		ADDRESS	
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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				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Hemorrhage				24 hrs.	
ANTECEDENT CAUSES		DUE TO (b)				5 mo	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Hypertension				5 mo.	
DUE TO (c)		nephritis				593 X	
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 checked="" 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)	
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 6-21, 1950, to 10-28, 1950, that I last saw the deceased alive on 10-28, 1950, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE Douglas S. Pearce, D.O.		(Degree or title)		23b. ADDRESS Astell Hosp. Princeton Mo.		23c. DATE SIGNED 11-2-50	
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24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE 10-31-50		24c. NAME OF CEMETERY OR CREMATORY Coshen Ceme.		24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.	
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DATE REC'D BY LOCAL REG 11-6-50		REGISTRAR'S SIGNATURE M. J. R. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Martin Funeral Home Princeton. Mo		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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 Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.