

DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42276

State File No. 10618

318

1003

Registrar's No. 10618

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219

d. FULL NAME OF HOSPITAL OR INSTITUTION 2821a Dickson St.

d. STREET ADDRESS (If rural, give location) 2821a Dickson St.

3. NAME OF DECEASED (Type or Print) a. (First) Theodore b. (Middle) P. c. (Last) Gibbons

4. DATE OF DEATH (Month) (Day) (Year) Dec. 8 1950

5. SEX Male

6. COLOR OR RACE Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 19, 1896

9. AGE (In years last birthday) 53

IF UNDER 1 YEAR Days 11 Hours 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Waxahachie Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME King Gibbons

13b. MOTHER'S MAIDEN NAME Mattie Ferris

14. NAME OF HUSBAND OR WIFE Rosie Gibbons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W. W. #1

16. SOCIAL SECURITY NO. 488-10-7409

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosie M. Gibbons 2821a Dickson St.

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Vasculer  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) \_\_\_\_\_  
rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Paralysis right side

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 4721

22. I hereby certify that I attended the deceased from June, 1946, to Dec 8, 1950, that I last saw the deceased alive on 12/7, 1950, and that death occurred at 7:18 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS 11 North Jefferson Avenue

23c. DATE SIGNED 12/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 12-18-1950

24c. NAME OF CEMETERY OR CREMATORY Paternal

24d. LOCATION (City, town, or county) (State) Waxahachie Texas

DATE REC'D BY LOCAL REG. DEC 12 1950 REGISTRAR'S SIGNATURE J. H. Randle

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Randle & Son 3133 Bell Ave.

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*S. J. Watson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.