

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4049

State File No.

0164
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BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tornjeff</u> <u>1000</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELZA</u>		b. (Middle) <u>AMANDA</u>	
		c. (Last) <u>GIBSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 25, 1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>FEB 14 1870</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>	
IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Commerce Twp, Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>David Spodlin</u>		13b. MOTHER'S MAIDEN NAME <u>Miriam A Sanders</u>	14. NAME OF HUSBAND OR WIFE <u>John Gibson</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>Link</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Powers</u> ADDRESS <u>Pine Cliff, Ark.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left hip</u> <u>903</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Myelogenous Leukemia</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 <u>Inst Hip</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>100</u> (COUNTY) <u>Tornjeff</u> (STATE) <u>Scott</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 23 1951 10⁰⁰</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fell on kitchen floor</u>			
22. I hereby certify that I attended the deceased from <u>Feb 22, 1951</u> , to <u>Feb 25, 1951</u> , that I last saw the deceased alive on <u>Feb 25, 1951</u> , and that death occurred at <u>4:25 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>K. W. Shuler</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>	
		23c. DATE SIGNED <u>2-25-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lightner</u>
		24d. LOCATION (City, town, or county) (State) <u>Illwaco Mo.</u>	
DATE REC'D BY LOCAL REC. <u>2-26-51</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bessling Hoff</u> ADDRESS <u>Paradise Home Illwaco, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 5 1951

DISTRICT HEALTH OFFICE No. 6

No.

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 _____

Raymond B. Wilson

Student Embalmer No. *416*

working under my personal supervision.

Student *Raymond B. Wilson*
Student Embalmer

Signed

Ollive P. Smith

Licensed Embalmer No. *4470*

P. O. Address *Illmo. 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.