S. No. 300
Rev. 10-48

0810

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5610

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5946 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural N. Meramec Twp
c. LENGTH OF STAY (In this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps 0810
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural North Meramec Twp
d. STREET ADDRESS (If rural, give location): Near St James. Mo

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Mason
c. (Last): Gibson

4. DATE OF DEATH (Month) (Day) (Year): 2 - 26 - 51

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-6-1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days 20 — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): ~~Missouri~~ Ill (Ill)
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Benjamin Gibson
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Gillie Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Bill Gibson 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Two years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)
4200

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Neither
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 14, 1950, *to* Feb 26, 1951, *that I last saw the deceased alive on* Feb. 25, 1951, *and that death occurred at* 6:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James H Butts MD
23b. ADDRESS: St. James, MO.
23c. DATE SIGNED: Feb. 28, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-28-51
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cem.
24d. LOCATION (City, town, or county) (State): St. James, Mo

DATE REC'D BY LOCAL REG.: 3-3-51
REGISTRAR'S SIGNATURE: Cora E. Birmingham 253
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. Jesse Gahr, St. James. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Phelps County Health Officer
County File Number
Date Filed March 2, 1961

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 C. Jesse Gahr

Signed ..... Student Embalmer

Licensed Embalmer No. 4486

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.