

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

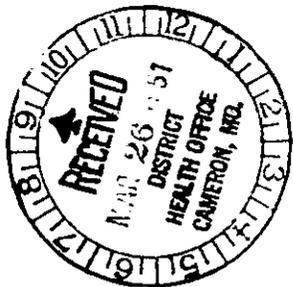
State File No. 8029

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5444 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Atholns</u> c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Atholns Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 5 1/2 mile N.E. of Albany</u>		d. STREET ADDRESS (If rural, give location) <u>5 1/2 mile N.E. of Albany 0380</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Essie</u> b. (Middle) <u>Dewee</u> c. (Last) <u>GIBSON</u>			4. DATE OF DEATH (Month, Day, Year) <u>March 14 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>June 2 1878</u>
9. AGE (In years last birthday) <u>72</u>	If UNDER 1 YEAR Months <u>9</u> Days <u>12</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <u>Farm Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Harrison County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ransom D Hoast</u>	
13b. MOTHER'S MAIDEN NAME <u>Corline Hoast</u>		14. NAME OF HUSBAND OR WIFE <u>John Gibson deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elda Wilson Albany Mo</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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Causes of liver</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hemiplegia</u>			<u>7 yr</u>
DUE TO (c) <u>Hypertension</u>			<u>10 yr</u>
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>156A</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 <u>1940</u> , to <u>3-14</u> , 1951, that I last saw the deceased alive on <u>3-13</u> , 1951, and that death occurred at <u>12.5 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. G. Green</u> (Degree or title) <u>P.O.</u>		23b. ADDRESS <u>New Hampton Mo</u>	23c. DATE SIGNED <u>3-15-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 16 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kidwell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Martinsville Mo.</u>
DATE RECD BY LOCAL REG. <u>Mar 19 1951</u>	REGISTRAR'S SIGNATURE <u>Eulah Childs</u>	430	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. G. Noble & Son New Hampton Mo</u>

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

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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.