

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12133

State File No.

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan</u>		c. LENGTH OF STAY (In this place) <u>17 Years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Side Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan, Mo.</u>	
d. STREET ADDRESS <u>Sullivan, Mo.</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Wyatt</u> b. (Middle) _____ c. (Last) <u>Gibson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 4 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>May 30, 1881</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Crawford, Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Kelly Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Ambirzine McFarland</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Cora Francis Gibson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>490-14-7391</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rosa Crabtree</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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>today</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>5/4, 1951</u> , to <u>5/4, 1951</u> , that I last saw the deceased alive on <u>5/4, 1951</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>John J. de la Cour</u> (Degree or title) <u>John J. de la Cour</u>		23b. ADDRESS <u>Sullivan, Mo.</u>	
23c. DATE SIGNED <u>5/5/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May, 7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Bourbon Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-5-51</u>	
REGISTRAR'S SIGNATURE <u>Chas. R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. L. ...</u>	
ADDRESS _____		ADDRESS <u>Sullivan</u>	

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

361

me

MAY 26 1951

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 8 1951

RECEIVED

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.....
Student Embalmer.

Signed.....

George W. Carter

Licensed Embalmer No. 4814

P. O. Address *Sullivan, 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.