S. No. 300
V. 10-48

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FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22535

BIRTH NO. _____ REG. DIST. NO. 816 PRIMARY REG. DIST. NO. 5329 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Oak Hill Twp.
c. LENGTH OF STAY (in this place): 1½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oak Hill, Mo.

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

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

4. DATE OF DEATH (Month) (Day) (Year): 6-8-1951

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3-27-1891
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Store & Station
11. BIRTHPLACE (State or foreign country): Oak Hill, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Samuel Gibson
13b. MOTHER'S MAIDEN NAME: Susan Miller
14. NAME OF HUSBAND OR WIFE: Pearl Miller Gibson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ※※
16. SOCIAL SECURITY NO.: 495-12-0302
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Pearl Gibson — ADDRESS: Oak Hill, 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) Coronary Thrombosis, acute — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Rt. hemiplegia, hypostasis — 6 mos

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: 4201
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) 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* 6-8, 1951, *to* 6-8, 1951, *that I last saw the deceased alive on* 6-8, 1951, *and that death occurred at* 10:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul A. Brunner, M.D. — (Degree or title)
23b. ADDRESS: Owensville, Mo.
23c. DATE SIGNED: 6-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-11-1951
24c. NAME OF CEMETERY OR CREMATORY: Collier Cemetery
24d. LOCATION (City, town, or county) (State): near Oak Hill, Mo.

DATE REC'D BY LOCAL REG.: 6-11-1951
REGISTRAR'S SIGNATURE: Joe H. Franklin
25. FUNERAL DIRECTOR'S SIGNATURE: Milford H. H. White — ADDRESS: Owensville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 25 1951
DISTRICT HEALTH OFFICE No. 4
File 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 Me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Milford H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.