

FILED SEP 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30700

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

0540

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Lafayette | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa | |
| c. LENGTH OF STAY (in this place) Life | | d. STREET ADDRESS (If rural, give location) 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

| | | | | | | | |
|--|-------------------------------|---|--|---|---|---|-------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Christy b. (Middle) Ann c. (Last) Gibson | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1951 | | | | |
| 5. SEX Fe | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH April 10, 1879 | 9. AGE (In years last birthday) 72 | <input type="checkbox"/> UNDER 1 YEAR Days | <input type="checkbox"/> UNDER 1 HR. Hours | <input type="checkbox"/> MIN. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? | |

| | | | | | |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME Not Known | | 13b. MOTHER'S MAIDEN NAME Roxie Ann Massie | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pp. or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elmer Hobbs Odessa, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Encephalitis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Pericarditis/Infarct | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death arteriosclerosis | | 4201 | |

| | | | | | |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION no operation | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No | | 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) | | 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 **Sept 14**, 1951, to **Sept 19**, 1951, that I last saw the deceased alive on **Sept 19**, 1951, and that death occurred at **4 P** m., from the causes and on the date stated above.

| | | | | | |
|--|--|-------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) W. Martin M.D. | | 23b. ADDRESS Odessa Mo | | 23c. DATE SIGNED 9-19-51 | |
|--|--|-------------------------------|--|---------------------------------|--|

| | | | | | | | |
|---|--|---------------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Sept. 19, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery | | 24d. LOCATION (City, town, or county) (State) Odessa, Mo. | |
|---|--|---------------------------------|--|---|--|--|--|

| | | | | | | | |
|---|--|--|--|-----|--|---|--|
| DATE REC'D BY LOCAL REG. 9-19-51 | | REGISTRAR'S SIGNATURE Emma Davidson | | 453 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husman-Sparks Odessa, Mo. | |
|---|--|--|--|-----|--|---|--|

RECEIVED 9-26-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-26-51

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

William T. Sparks

Signed _____
Student Embalmer

Licensed Embalmer No. 4431

P. O. Address @ Jessa, 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.