

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41237**
Registrar's No. **37**

FILED JAN 12 1952

BIRTH NO. _____ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **5440**

0370

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

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp. c. LENGTH OF STAY (In this place) 5 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Clay Twp. 0370	
d. FULL NAME OF HOSPITAL OR INSTITUTION Owensville, Mo. Rt. 2		d. STREET ADDRESS (If rural, give location) Owensville, Mo. rt 2	
3. NAME OF DECEASED a. (First) Luther b. (Middle) Edward c. (Last) Gibson			4. DATE OF DEATH (Month) (Day) (Year) 11 11 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-8-1896
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) common laborer	11. BIRTHPLACE (State or foreign country) Crawford County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) common laborer		10b. KIND OF BUSINESS OR INDUSTRY Glass factory	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 Tillie Gibson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I		16. SOCIAL SECURITY NO. 489-16-7534	17. INFORMANT'S SIGNATURE OR NAME Mrs. Tillie Gibson ADDRESS Owensville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart & mitral insufficiency and terminal cardiac failure	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac failure	
		DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma, bronchial	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410X	
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)	
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 March, 1939 , to Nov. 11, 1951 , that I last saw the deceased alive on Nov. 10, 1951 , and that death occurred at 9:10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Renea Brunner M.D. (Degree or title)		23b. ADDRESS Owensville, Mo.	23c. DATE SIGNED 11-14-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-14-1951	24c. NAME OF CEMETERY OR CREMATORY Collier Cemetery	24d. LOCATION (City, town, or county) (State) near Owensville, Mo.
DATE REC'D BY LOCAL REG. Nov. 15, 1951	REGISTRAR'S SIGNATURE Dorothy Waller 363	25. FUNERAL DIRECTOR'S SIGNATURE Michael N. White ADDRESS OWENSVILLE	

JAN 2 1938

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 Wesley A 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.