S. No. 300
v. 10.48

FILED JAN 4 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43750

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 6113 Registrar's No. 52

1800

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott 1000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benton
d. STREET ADDRESS (If rural, give location): 3 Miles east of Benton

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

4. DATE OF DEATH (Month) (Day) (Year): Nov, 6. 1951

5. SEX: M 10
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec, 5. 1868
9. AGE (In years last birthday): 83 — 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): None,
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cloverport, Ky. 1
12. CITIZEN OF WHAT COUNTRY?: U.S. A.

13a. FATHER'S NAME: Unk.
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE: None.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: H. C. Coleman, Benton, R.1. 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) Probably Pneumonia (unspecified) — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

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: 493X
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Health Officer II (Degree or title): Thelma C. Buckthorpe M.D.
23b. ADDRESS: Benton Mo
23c. DATE SIGNED: 11-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov, 8, 51
24c. NAME OF CEMETERY OR CREMATORY: Sugartree
24d. LOCATION (City, town, or county) (State): Near East Prairie, Mo.

DATE REC'D BY LOCAL REG.: Dec-19-51
REGISTRAR'S SIGNATURE: Mrs Addie Harris 3951
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Richards Und't, Co. New Madrid, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 26 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1251-280

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 Tommy L. Doherty, Student Embalmer No. 434, working under my personal supervision.

Student Tommy L. Doherty
Student Embalmer

Signed Leo Hedgspeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.