S. No. 300
V. 10.48

1100

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

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26959

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4535 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: WASHINGTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MINERAL POINT
c. LENGTH OF STAY (In this place): 6 MO
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MINERAL POINT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DESLOGE 0940
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): AMANDA
b. (Middle): E
c. (Last): COLE

4. DATE OF DEATH (Month) (Day) (Year): July 20 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: March 14 1868
9. AGE (In years last birthday): 84 — If under 1 year: Months 4 Days 6 — If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: WM. RILLEY GIBSON
13b. MOTHER'S MAIDEN NAME: SARAH E. WILLIAMS
14. NAME OF HUSBAND OR WIFE: LYNN COLE
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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: IRENE BONE — ADDRESS: MINERAL POINT

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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension
DUE TO (c) arterio-sclerosis

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: 334 X
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 Oct 1, 1951, to July 20, 1952 that I last saw the deceased alive on July 16, 1952 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Joseph L. Thurman M.D.
23b. ADDRESS: Potosi, Mo.
23c. DATE SIGNED: 7-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-22-52
24c. NAME OF CEMETERY OR CREMATORY: FRANK CLAY
24d. LOCATION (City, town, or county) (State): FRANK CLAY MO

DATE REC'D BY LOCAL REG.: 7/23/52
REGISTRAR'S SIGNATURE: Hebert Rudolph 402
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: C. Z. BOYER & SON DESLOGE MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 29 1952
WASH. COUNTY HEALTH DEPT.
File No. [illegible]

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 ....., Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed C. L. Boyer

Licensed Embalmer No. 1671

P. O. Address Desloge 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.