S. No. 300
v. 10.48

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26960

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6245 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Washington 110 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Walton Twp
c. LENGTH OF STAY (In this place) All of life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Shirley Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Walton Twp 1100
d. STREET ADDRESS (If rural, give location) Shirley

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

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 1 1876
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months 3 Days 24 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Washington Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John H. Gibson
13b. MOTHER'S MAIDEN NAME Annie E. Eye
14. NAME OF HUSBAND OR WIFE Sadie 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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Gibson Potosi 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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH 30 min

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 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 no physician, 19__, to —, 19__, that I last saw the deceased alive on never, 19__, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE Joseph L. Thurman M.D. (Degree or title) Coroner
23b. ADDRESS Potosi, Mo.
23c. DATE SIGNED 7-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-27-52
24c. NAME OF CEMETERY OR CREMATORY White Oak Grove Cem.
24d. LOCATION (City, town, or county) (State) Washington Co. Mo

DATE REC'D BY LOCAL REG. 7/26/52
REGISTRAR'S SIGNATURE Helen K. Wedall 4021-C
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Luther Spark Potosi Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 29 1952
WASH. COUNTY HEALTH DEPT.
File No. 95[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 Murphy L Spar[illegible]

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.