

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35404
DECEASED

FILED NOV 3 1952

State File No. _____
Mortality Report No. _____
Registrar's No. 452

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 816 Catherine St. 8	
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) Irelan	
c. (Last) Gibson		4. DATE OF DEATH (Month) (Day) (Year) Oct. 7, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	8. DATE OF BIRTH Sept. 10, 1913
9. AGE (In years last birthday) 39		10. UNDER 1 YEAR Months 0	11. UNDER 18 HRS. Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead & Zinc	11. BIRTHPLACE (State or foreign country) Webb City, Mo. <input checked="" type="checkbox"/>
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME George Gibson	
14. MOTHER'S MAIDEN NAME Fannie Irelan		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO.	
18. INFORMANT'S SIGNATURE OR NAME Mamie Davis, Rt. #1, Joplin, Mo.		19. ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 5 years	
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 153X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-1, 1950, to 10-7, 1952, that I last saw the deceased alive on 10-7, 1952, and that death occurred at 3:30 P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>A. D. Douglas M.D.</i>		23b. ADDRESS Frisco Bldg Joplin Mo	
23c. DATE SIGNED 10/10/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct 11 1952		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	
24d. LOCATION (City, town, or county) Joplin Mo		(State)	
DATE REC'D BY LOCAL REG. 10-13-52		REGISTRAR'S SIGNATURE <i>W. J. ...</i> 138	
25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson, Webb City, Mo.		ADDRESS Mortuary	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-27-52

Jasper County Health Office

County File Number 52/10/826

Date Filed 10-27-52

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 *Harvey E. Amee*

Licensed Embalmer No. 7465

P. O. Address *Wool City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.