

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35589

State File No. \_\_\_\_\_

No. 300  
10.48

NOV 3 1952

179

5667

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BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>5667</u>		Registrar's No. <u>38</u>			
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hi-Way #47 West of Troy</u>			c. LENGTH OF STAY (If applicable) <u>XX</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hi-Way #47 West of Troy</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>			b. (Middle) <u>Alberta</u>		c. (Last) <u>Gibson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Aug. 20, 1916</u>		9. AGE (In years last birthday) <u>36</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auto Agency</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Morphis Gibson</u>			13b. MOTHER'S MAIDEN NAME <u>Jessie Wells Gibson</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>94-01-7788</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Morphis Gibson</u> ADDRESS <u>Troy, Missouri</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Fractures of Skull &amp; Chrused Chest</u> ANTECEDENT CAUSES <u>Due to (b) Automobile Collision</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u>	
19a. DATE OF OPERATION <u>XX</u>		19b. MAJOR FINDINGS OF OPERATION <u>XXXXXXXXXXXX</u>						20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Hi-Way</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bedford Twp) Lincoln Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Oct. 22, 1952 4:25 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>057</u> <u>Headon Collision of Two Automobiles</u>					
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 <u>4:25 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph J. Marsh</u> Coroner				23b. ADDRESS <u>Troy, Missouri</u>			23c. DATE SIGNED <u>10/22/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct 31-52</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper Funerals Home</u> ADDRESS <u>Troy, Missouri</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Joseph J. Marsh.  
.....  
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

**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.